

VEHICLE ORIENTATION/EVALUATION

Employee Name		Supervisor Name	
Program Name		Date	
REVIEW:			
Policy/Insurance		Use & Maintenance	
<input type="checkbox"/> Mandatory use of seatbelts for drivers and passengers <input type="checkbox"/> No smoking/eating/drinking in the vehicles <input type="checkbox"/> No cell phone use <input type="checkbox"/> Vehicle kept locked when not in use <input type="checkbox"/> Review Insurance coverage for company vehicle <input type="checkbox"/> Review insurance coverage for personal vehicle		<input type="checkbox"/> Location of keys <input type="checkbox"/> Location of spare key <input type="checkbox"/> Where to refuel (use of company gas card) <input type="checkbox"/> When & How to use gas card <input type="checkbox"/> Cleaning vehicle <input type="checkbox"/> Vehicle Maintenance	
		Emergency Procedures	
		<input type="checkbox"/> Ensure everyone is safe <input type="checkbox"/> Contact Police and Enterprise/Patti Reed <input type="checkbox"/> Complete Accident Report <input type="checkbox"/> Workers Comp (Brick Street) <input type="checkbox"/> Contact Supervisor	
NOTES			
Employee Initials		Supervisor Initials	
PRE-TRIP SAFETY REVIEW:			
Exterior		Interior	
<input type="checkbox"/> Walk around vehicle <input type="checkbox"/> Note any exterior damage <input type="checkbox"/> Tire pressure <input type="checkbox"/> Obstacles that might not be visible when backing		<input type="checkbox"/> Check for first aid and emergency kits (discussion includes location of PPE) <input type="checkbox"/> Check glove compartment (insurance card, registrations, Fleet WEX fuel Card) <input type="checkbox"/> Secure loose items (personal items, PHI) <input type="checkbox"/> Place personal cell phone in an area that will reduce distraction <input type="checkbox"/> Gas cap (inside release) <input type="checkbox"/> Adjust inside & outside mirrors <input type="checkbox"/> Adjust seat <input type="checkbox"/> Horn, wipers, lights, temperature control <input type="checkbox"/> Straighten wheels before starting <input type="checkbox"/> Adjust radio, navigation, Step on brake to release shift	
Tie-downs/Lifts/Ramps			
<input type="checkbox"/> Tie Downs/Q-Straints <input type="checkbox"/> Wheelchair belts <input type="checkbox"/> Lift <input type="checkbox"/> Ramp			
NOTES			
Employee Initials		Supervisor Initials	

PROGRAM SPECIFIC REVIEW:

Assistance		Seating		Support Needs	
<input type="checkbox"/> Assistance getting in and out of vehicle <input type="checkbox"/> Independence with fastening seat belt		<input type="checkbox"/> Seating preferences for passengers		<input type="checkbox"/> Supervision needs <input type="checkbox"/> Response plan if passengers present unsafe behaviors	
NOTES					
Employee Initials				Supervisor Initials	

Q-STRAINTS AND TRANSPORT COMPETENCY REVIEW FOR WHEELCHAIR ACCESSIBLE VANS:

To be completed after completion of initial road test and within 30 days of hire and annually reviewed. Check which type of Van used below.

_____ **NOT APPLICABLE**

_____ MINI VAN/CONVERSION VAN COMPETENCY:

- Completed pre-inventory check.
- Turned the van on. Swiped fob. Activated switch to the left of the steering wheel to release the Q-Straints.
- Opened the back of the van, unlocked the ramp restraints and lowered the ramp.
- Rolled the wheelchair up to the back edge of the ramp and locked the wheelchair.
- Secured the front Q-Straints on frame of the wheelchair, one on each side (left and right), NOT on a wheel or leg rest.
- Unlocked the wheelchair and pushed into van. Relocked the wheelchair.
- Returned to driver's side and turn off the switch.
- Unlocked the wheelchair, slightly pushed the wheelchair forward and backwards to lock the Q-Straints. Relocked chair.
- Secured the back Q-Straints on the wheelchair frame, one on each side.
- Buckled the seatbelt across the individual – never through the wheelchair – pulled the seatbelt tight making sure the female part of the seatbelt is secured on the individual's hip (NOT the stomach or chest).
- Double-checked the wheelchair is securely locked in place.
- Manually lifted the ramp, secured the clips to lock it into place, and closed the back of the van.
- Demonstrated steps in reverse.
- After each run, ensured the Q-Straints are in their designated place and never step on or run over the Q-Straints with the chair.

_____ FULL-SIZE VAN COMPETENCY:

- Completed pre-inventory check.
- Ensured Emergency Brake is on. Swiped fob. Turned on the switch to enable ramp.
- Opened the back or side of the van and lowered the van lift.
- Locked the wheelchair into place on the lift and rode up with the individual (when transporting alone).
- Locked the wheelchair in place inside the van.
- Returned ramp to closed position for safety.
- Secured four Q-Straints on the wheelchair frame, one on each corner of the frame.
- Buckled the seatbelt across the individual – never through the wheelchair – pulled the seatbelt tight making sure the female part of the seatbelt is secured on the individual's hip (NOT the stomach or chest).
- Double-checked the wheelchair is securely locked in place.
- Demonstrated steps in reverse.
- After each run, ensured the Q-Straints are in their designated place and never step on or run over the Q-Straints with the chair.

	Employee Initials
I understand that the vehicle height of this vehicle is _____. I will ensure that this vehicle will be able to clear any structure such as an overpass, parking garage, drive thru lane, etc. before attempting to drive under the structure.	
I have reviewed the above information and agree to comply with the policies and procedures that were reviewed. If I have questions at any time, I will be responsible for promptly directing all inquiries to my supervisor.	

Employee Signature

Date

Supervisor Signature

Date

RECORD OF ROAD TEST:

Initial Road Test <input type="checkbox"/>	Annual Review <input type="checkbox"/>	Post-Accident <input type="checkbox"/>
Driver Name:		Supervisor or Staff:
Date:		Miles Driven on Trip:

TEST SHOULD LAST APPROXIMATELY 20 MINUTES AND SHOULD SIMULATE A TYPICAL DAY ON THE JOB (TYPICAL ROUTE TO DAY PROGRAM, OFFICE, GROCERY STORE, BANK, DOCTOR'S OFFICE, ETC.):

	Yes	No	Sometimes
Test Drive must be completed with Seasoned staff before driving solo			N/A
Use seat belts			
Use farsighted seeing skills to prevent last minute surprise			
Drive in the lane offering the least hazards			
Maintain an adequate space cushion			
Take in the whole picture using mirrors			
Approach intersection with the vehicle under control			
Slow gradually when approaching red lights and stop signs			
Look both ways prior to entering intersections			
Stop for yellow lights when possible			
Looks both ways before starting up on green light			
Makes complete stop at stop signs			
Use turn signals for turns and lane changes			
Communicates effectively with horn and/or signals			
Drive within posted speed limits			
Blend smoothly with merging traffic			
Appropriate speed for conditions			
Keep both hands-on steering wheel			
Backing into a parking space			
Parallel parked			
Parked the vehicle in an appropriate parking space			

REMARKS:

GENERAL PERFORMANCE:

CIRCLE ONE:			
YES	The employee demonstrated the skills necessary to safely operate a company vehicle.		
	Qualified for: <input type="checkbox"/> Sedan <input type="checkbox"/> Minivan <input type="checkbox"/> Wheelchair Accessible Minivan <input type="checkbox"/> Full Size Van <input type="checkbox"/> Other _____		
NO	The employee requires additional training before he/she can operate a company vehicle.		
	Training should include:		
	<input type="checkbox"/> Additional Road Evaluation	<u>Date Scheduled</u>	<input type="checkbox"/> Areas of Focus:

Supervisor Signature

Date