

Driver Training Record Sheet

FOR: _____

	Pass?	Date	Driver Initials	Trainer Initials
Driving assessment				
Eyesight check				
The vehicle:				
Vehicle familiarisation				
Daily walk-round check				
Completion of defect report forms				
Manoeuvring/reversing				
Fuelling the vehicle				
Use of reversing devices/cameras				
Checking for illegal immigrants (international operations only)				
Cranes:				
Safe operation				
Use of lorry-loading devices				
Other specialist equipment				
In-cab items:				
Warning lights				
Gearbox				
Setting wing mirrors				
Setting seating position				
PTO operation				
The goods:				
Safe loading/unloading				
Manual handling				
Axle weights/gross weights				

Securing the load with slings, chains, nets, straps, sheets, ropes, etc				
Drivers' hours:				
Knowledge/understanding				
Drivers' hours questionnaire				
Tachograph:				
Completion of centre-field				
Use of mode switch				
24-hour Record				
Knowledge of rules				
Download/manual entries on digital tachograph vehicle unit				
Trailers:				
Safe coupling/uncoupling				
Air Suspension controls				
Health and safety induction (including site safety)				
Any other items:				

I confirm I have received training as per the attached training record sheet and am competent and confident to carry out my duties and responsibilities.

Signed (driver) _____ Dated _____