

MONTGOMERY COUNTY FIRE AND RESCUE SERVICE Driver Training Program

Road Driving Behavior Evaluation

Candidate Name:_____

_____ Unit Driven:_____

For each item, the evaluator will indicate a rating for each applicable item. Describe any "needs improvement" or "unsatisfactory" ratings using the back of this form.

Select the conditions as applicable:		L.	≥
Weather:	ory	men	acto
Roadway type(s) traversed: highway secondary residential rural rural	Satisfactory	Needs Improvement	Unsatisfactory
Travel type:	Sat	Ing Ing	ñ
Pre-Departure			
Circle Check: Completed prior to moving vehicle. Wheel Chock removed.			
Mirrors and Seat: Checked and adjusted.			
Visual Scan: Completed before moving.			
Seat belts: All personnel are seated and restrained.			
Headlights activated.			
Steering Control			
Two hands on steering wheel: 9 and 3 hand placement			
Shuffle Steering. Shuffle steering used appropriately, no palming the wheel or 1-handed turns.			
Aim High in Steering			
Visual Lead Time: viewing areas 12 to 15 seconds ahead of the vehicle.			
Sees and evaluates relevant information from among distant objects.			
Adjusts eye lead time distance to speed.			
Keeps vehicle rolling by adjusting for traffic conditions.			
Eyes properly elevated and scanning around turns and corners.			
Get The Big Picture			
Following Distance Appropriate for Conditions: 4 second min. < 40mph + 1 second per			
additional 10mph.			
Makes and executes decisions early.			
Communicates with crew members effectively. Receives and acknowledges information.			
Avoids being unnecessarily boxed in by other traffic or objects.			
Speed is appropriate for conditions.			
Drives the vehicle smoothly without avoidable hard stops, fast starts, or high force turns.			
Keep Eyes Moving			
Scans mirrors frequently. (6-10 second interval)			
Scans intersections before entry. (Left-Right-Left)			
Moves eyes at least every two seconds. Does not fixate.			
Checks mirrors when slowing or stopping the vehicle.			
Avoids staring while evaluating relevant objects or situations.			
Leaves An Out Maintains proper space cushion around the vehicle			
Maintains proper space cushion around the vehicle. Adjusts to maintain cushion space despite other drivers' actions.			
When stopped in traffic, leaves appropriate space in front of vehicle.			
Consistently chooses lane or path of least resistance.			
Remains aware of current size and shape of space cushion on all sides.			
Remaining Predictable and Visible			
Seeks rather than hopes for eye contact.			
Covers or uses horn when conditions suggest the need.			
Activates turn signals in a timely manner.			
Brakes early to activate brake lights.			
Stays out of the blind areas of other drivers.			
Railroad Crossings			
Stopped before crossing, activated 4-way flashers, looked and listened before crossing.			

	Satisfactory	Needs Improvement	Unsatisfactory
Arriving on Scene or at Destination			
Vehicle stopped smoothly			
Receives and acknowledges information from the officer. Maintains situational awareness.			
Positioned apparatus appropriately for call type, function, and arrival order			
Parking brake engaged before personnel dismounted			
Wheel chock placed upon arrival			
Scene Operations			
Effectively and independently setup and operated portable equipment as needed			
Performed apparatus functions, i.e. pumping, aerial			
Provided pertinent information updates to the unit officer (task completion, condition changes)			
Returned equipment to a ready status			
Backing			
Avoid the need to back whenever possible; completed turnarounds with minimal backing			
Clearly identified the intended path to the spotters if not obvious			
Waited for spotter to position and initiated eye contact			
Stopped backing if spotter signaled or contact with spotter was lost			
Scanned opposite mirror every 8-10 seconds			
Used appropriate speed and covered the brake			
Driver removed headset and rolled window down to enhance communication			

Evaluator Comments

Indicate deficiencies noted and corrective behaviors required by the Candidate:

The candidate has been informed of the results of this evaluation and received coaching for any deficiencies.

Evaluator Name:_____

Date of Evaluation:

Evaluator Signature:_____

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