

DRIVERS ORIENTATION TRIP PERFORMANCE EVALUATION

Evaluation Document Instructions: This form is to be completed on a weekly basis by the trainer as the trainee is observed conducting job tasks. At the completion of the orientation trip, the trainer shall review the grading with the trainee. If additional comments are needed, use back of the evaluation form.

HAVE A SAFE AND PRODUCTIVE TRIP!

Trainee Name: _____ Employee #: _____

Dispatched location: _____ Date of Hire: _____

Training Period: _____ Trainer Name: _____

Pro #: _____ Pro #: _____ Pro #: _____

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Representation of Ratings: S=Satisfactory NI=Needs Improvement U=Unsatisfactory

1. Appearance (Dress, Hygiene, etc.)
Describe: _____
2. Attitude (Professionalism): _____
3. Cargo Inspection: _____
4. Customer Relations: _____
5. Vehicle Operation: (See attachment) _____
6. Reliability
 - a. Reports to work on time: _____
 - b. Meets dispatched arrival times: _____
7. This driver is recommended to be released to conduct business for our company.
 - a. Yes: _____ No: _____
 - b. Explain the basis for your opinion: _____
8. This driver is recommended to continue in a remedial training status
 - a. Yes: _____ No: _____
 - b. Explain the basis for your opinion: _____

I certify that the above has been reviewed with me and I understand the ratings and comments stated.

Trainee

Date

I certify that I have evaluated the above named trainee to the best of my ability and the ratings were accumulated impartially.

Trainer

Date

Driver Manager

Safety Department