

## Record of Driver Examination A - F



Ontario Driver's Licence No.	Date of Birth	Sex	Class of Test Conducted		Test Authority O Trans. Code T
			Road	Inside	
Last Name, First Name and Middle Initial			Cond. Codes	Previous Number of Tests	
Street No. and Name or Lot, Conc. and Township			Make of Vehicle	Permit No.	
City, Town or Village			Vehicle Class	Present Class	Cond./End.
Postal Code					
Describe any Physical Disability			Under the Highway Traffic Act (HTA), the maximum penalty for making a false statement is a fine and/or imprisonment and/or a driver's licence suspension.		
			Applicant's Signature		

## 1. Pre-Trip Inspection

Fails to Check

- |                   |                             |                          |                          |
|-------------------|-----------------------------|--------------------------|--------------------------|
|                   | Fuel Tank                   | <input type="checkbox"/> |                          |
| B                 | Fuel Cap                    | <input type="checkbox"/> |                          |
| C                 | All Gauges                  | <input type="checkbox"/> |                          |
| A D               | Low Air Warning             | <input type="checkbox"/> |                          |
| E                 | For Audible Air Leaks       | <input type="checkbox"/> |                          |
| F                 | Wheels-Tires-Lights         | <input type="checkbox"/> |                          |
|                   | Emergency Equipment / Exits | <input type="checkbox"/> |                          |
| Trailer Brakes    |                             |                          | <input type="checkbox"/> |
| Trailer Air Lines |                             |                          | <input type="checkbox"/> |
| Inspect 5th Wheel |                             |                          | <input type="checkbox"/> |
| Landing Gear      |                             |                          | <input type="checkbox"/> |

## Road Test Summary

Observations made on the ROAD TEST indicate the need for improvement as marked below:

- | Use of         | Method of                                       |
|----------------|---|
| Clutch         | <input type="checkbox"/> Vehicle Inspection     |
| Brakes         | <input type="checkbox"/> Trailer-Uncoupling     |
| Steering Wheel | <input type="checkbox"/> Trailer-Coupling       |
| Gears          | <input type="checkbox"/> Observance Of          |
| Accelerator    | <input type="checkbox"/> Traffic Signs, Signals |
| Trailer Brakes | <input type="checkbox"/> Pavement Markings      |
| Signals        | <input type="checkbox"/> Other Traffic          |

Attempts: First ☐ Subsequent ☐

## Examiner's Comments:

## 2. Uncoupling / Coupling

Fails to

- |  |                          |
|--|--------------------------|
| Set Trailer Brakes/Lock Wheels           | <input type="checkbox"/> |
| Lower Landing Gear Before Unlocking      | <input type="checkbox"/> |
| 5th Wheel                                | <input type="checkbox"/> |
| Properly Disconnect Air/Elect. Lines     | <input type="checkbox"/> |
| Visually Inspect 5th Wheel               | <input type="checkbox"/> |
| Connect Air/Elect. Lines Before Coupling | <input type="checkbox"/> |
| Check Trailer Brakes/Block Wheels        | <input type="checkbox"/> |
| Check 5th Wheel is Locked                | <input type="checkbox"/> |
| Raise Landing Gear Properly              | <input type="checkbox"/> |

## 3. Start

- |   |                          |
|---|--------------------------|
| Unable to Locate Safety Device                            | <input type="checkbox"/> |
| Fails to Observe  | <input type="checkbox"/> |
| Fails to Signal   | <input type="checkbox"/> |
| Incorrect Use of: Clutch/Brake/Accelerator/Gears/Steering | <input type="checkbox"/> |

## 4. Backing

- |   |                          |
|---|--------------------------|
| Fails to Check Vehicle Path Before/While Backing  | <input type="checkbox"/> |
| Uncertain Steering                                | <input type="checkbox"/> |
| Incorrect Use of: Clutch/Brakes/Accelerator/Gears | <input type="checkbox"/> |

## 5. Stop, Park &amp; Start on Grade

- |  |                          |
|--|--------------------------|
| Rolls Back When Parking or Starting                        | <input type="checkbox"/> |
| Fails to Angle Wheels Properly                             | <input type="checkbox"/> |
| Fails to Set Parking Brake                                 | <input type="checkbox"/> |
| Incorrect Use of: Clutch/Brakes/Accelerator/Gears/Steering | <input type="checkbox"/> |

## 6. Loading &amp; Unloading (School Bus Only)

- |   |                          |
|---|--------------------------|
| Flashing Signals Not Used or Too Late/Too Early | <input type="checkbox"/> |
| Fails to Stop on Roadway                        | <input type="checkbox"/> |
| Use of Doors                                    | <input type="checkbox"/> |
| Fails to Check Convex Cross-over Mirrors        | <input type="checkbox"/> |

## 7. Driving Along

- |   |                          |
|---|--------------------------|
| Follows or Passes too Closely                                   | <input type="checkbox"/> |
| Improper Choice of Lane/Straddles Lane                          | <input type="checkbox"/> |
| Fails to Use Mirrors/Observe Properly                           | <input type="checkbox"/> |
| Lane Change Signal: Wrong/Late/Not Cancelled/Not Given/Too Soon | <input type="checkbox"/> |
| Fails to Use Caution at Pedestrian Crosswalk                    | <input type="checkbox"/> |
| Speed: Too Fast/Too Slow for Conditions                         | <input type="checkbox"/> |
| Incorrect Use of: Clutch/Brakes/Accelerator/Gears/Steering      | <input type="checkbox"/> |

## 8. Intersections / R.R. Crossing

- |   |                          |
|---|--------------------------|
| Fails to Observe Properly                                 | <input type="checkbox"/> |
| Fails to Obey Signs or Signals                            | <input type="checkbox"/> |
| Late in Slowing   | <input type="checkbox"/> |
| Changes Gears While Crossing Tracks                       | <input type="checkbox"/> |
| Fails to Stop/Open Door                                   | <input type="checkbox"/> |
| Stopping Position: Too Soon/Blocks Crosswalk/Intersection | <input type="checkbox"/> |
| Right-of-Way Observance Ped./Self/Other Vehicle           | <input type="checkbox"/> |

## 9. Turns

- |  | Left                     | Right                    |
|--|--------------------------|--------------------------|
| Signalling                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrong/Late/Not Cancelled/Not Given/Too Soon      | <input type="checkbox"/> | <input type="checkbox"/> |
| Fails to Get Into Proper Lane/or Late /Position  | <input type="checkbox"/> | <input type="checkbox"/> |
| Right-of-Way Observance                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Ped./Self/Other Vehicles                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Turns: Too Wide/Cuts Corner - Enters Wrong Lane  | <input type="checkbox"/> | <input type="checkbox"/> |
| Steering: Method/Control/Recovery                | <input type="checkbox"/> | <input type="checkbox"/> |
| Speed: Too Fast/Too Slow                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Incorrect Use of: Clutch/Brake/Accelerator/Gears | <input type="checkbox"/> | <input type="checkbox"/> |

Date of Examination

Examiner's No. &amp; Signature

Location of Centre

Y	M	D