

SADE (Safety And Driver Education) LIMITED

DRIVER ASSESSMENT REPORT

DRIVERS NAME.....NUMBER.....DEPT.....

ASSESSORS NAME.....NUMBER..... DEPT.....

DATE.....TIME.....VENUE.....

| | | |
|----|----------------------------|--|
| | | |
| 1 | PRE START CHECKS | |
| 2 | MOVING OFF | |
| 3 | ACCELERATOR | |
| 4 | GEARS / AUTOGEARBOX | |
| 5 | BRAKES | |
| 6 | CONTROLS | |
| 7 | STEERING | |
| 8 | USE OF MIRRORS | |
| 9 | SIGNALS | |
| 10 | ROAD SIGNS AND MARKINGS | |
| 11 | POSITIONING | |
| 12 | PEDESTRIANS AND CROSSINGS | |
| 13 | MANOEUVRES | |
| 14 | OVERTAKING | |
| 15 | JUNCTIONS | |
| 16 | APPROACHING TRAFFIC | |
| 17 | CORNERING | |
| 18 | PROGRESS | |
| 19 | OBSERVATION & ANTICIPATION | |
| 20 | ATTITUDE | |

MARKING SYSTEM

O = AT REQUIRED STANDARD

/ = MINOR MISTAKE, WHICH MAY REQUIRE CONSIDERATION

X = MAJOR FAULT WHICH DID OR MAY CAUSE A HAZARDOUS SITUATION

REFER OVERLEAF FOR A DETAILED DESCRIPTION OF ANY FAULTS

DATE

WEATHER

ASSESSOR SIGNED.....

This person has been informed of the result of this assessment YES / NO

I have noted the assessors remarks and been informed of the result of the assessment.

Drivers Name

Signed.....

Date.....

DRIVER NAME
LICENCE NUMBER
DEPT/HEAD INF;

DEPT
EXPIRY DATE
HR INF;