



Driver Certification Checklist

Date: _____	Driver's Lic. No.: _____
Operator Name: _____	Class: _____
Address: _____	Restrictions: _____
City/State/Zip: _____	Medical Status: _____
Test Date: _____	Road Test Miles: _____

Activity/Performance	Yes	No	Remarks
1. Operator has been familiarized with Commonwealth of Pennsylvania Vehicle Code governing Emergency Service vehicle operation	<input type="checkbox"/>	<input type="checkbox"/>	

Pre-Trip Inspection

2. Operator has received personal instructions in the care and the use of the following equipment:			
Primary brakes (Anti-lock brake system, parking brake)	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid locations and checks (fuel, oil, brake, transmission)	<input type="checkbox"/>	<input type="checkbox"/>	
Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
Lights, reflectors, and visual warning devices	<input type="checkbox"/>	<input type="checkbox"/>	
Tires (inflation, wear, sidewalls, lugs/studs, mud flaps, valve caps).....	<input type="checkbox"/>	<input type="checkbox"/>	
Horns, sirens and audible signals	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield wipers and windows	<input type="checkbox"/>	<input type="checkbox"/>	
Mirrors (Clean and properly adjusted).....	<input type="checkbox"/>	<input type="checkbox"/>	

Operating Performance

3. Operator has been instructed in operation of vehicle according to standard safety procedures (Checks instruments, proper use of brakes, warms up engine, checks traffic).....			
4. Operator has been trained in use of vehicle controls and emergency equipment.(Brakes, steering, lights, jacks, tools, tire chains, emergency warning devices, fire extinguisher)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Operator has had at least thirty (30) miles of driving experience in traffic, demonstrating ability in the following:			
Leaving Curb	<input type="checkbox"/>	<input type="checkbox"/>	
Speed control.....	<input type="checkbox"/>	<input type="checkbox"/>	
Smoothness of operation	<input type="checkbox"/>	<input type="checkbox"/>	
Anticipates traffic problems.....	<input type="checkbox"/>	<input type="checkbox"/>	
Obeys traffic laws	<input type="checkbox"/>	<input type="checkbox"/>	
Signals properly	<input type="checkbox"/>	<input type="checkbox"/>	
Uses mirror	<input type="checkbox"/>	<input type="checkbox"/>	
Passes safely and smoothly	<input type="checkbox"/>	<input type="checkbox"/>	
6. Operator has received training in turning vehicles and			

Activity/Performance	Yes	No	Remarks
demonstrated ability to do so:			
Signals well in advance.....	<input type="checkbox"/>	<input type="checkbox"/>	
Turns from proper lane	<input type="checkbox"/>	<input type="checkbox"/>	
Checks mirrors and looks before turning	<input type="checkbox"/>	<input type="checkbox"/>	
Turns at proper speed	<input type="checkbox"/>	<input type="checkbox"/>	
Turns into proper lane.....	<input type="checkbox"/>	<input type="checkbox"/>	
Yields right-of-way	<input type="checkbox"/>	<input type="checkbox"/>	
Turns smoothly	<input type="checkbox"/>	<input type="checkbox"/>	
7. Operator has been given instructions in braking and slowing vehicle properly:			
Checks mirrors.....	<input type="checkbox"/>	<input type="checkbox"/>	
Anticipates stops.....	<input type="checkbox"/>	<input type="checkbox"/>	
Slows and stops smoothly	<input type="checkbox"/>	<input type="checkbox"/>	
Accelerates smoothly from stop.....	<input type="checkbox"/>	<input type="checkbox"/>	
8. Operator has displayed skills in backing and parking vehicle:			
Inspects location prior to backing or parking.....	<input type="checkbox"/>	<input type="checkbox"/>	
Backs slowly and cautiously using mirrors	<input type="checkbox"/>	<input type="checkbox"/>	
Parks smoothly and in suitable location	<input type="checkbox"/>	<input type="checkbox"/>	
Can use guide (when necessary).....	<input type="checkbox"/>	<input type="checkbox"/>	
9. Operator has demonstrated proficiently in driving emergency vehicle obstacle course (within 240 seconds):			
1. Straight Line (forward and reverse).....	<input type="checkbox"/>	<input type="checkbox"/>	
2. Backing - Alley Dock	<input type="checkbox"/>	<input type="checkbox"/>	
3. Serpentine (forward and reverse)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Offset Alley	<input type="checkbox"/>	<input type="checkbox"/>	
5. Parallel Parking.....	<input type="checkbox"/>	<input type="checkbox"/>	
6. Diminishing Clearance.....	<input type="checkbox"/>	<input type="checkbox"/>	
7. Stop Sign	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that the above named operator has completed the driving training requirements, driven the Ambulance for the mileage indicated above, and was given a road test under my supervision on the date specified below. It is my consideration that this operator possesses sufficient skill to safely operate the Ambulance in an emergency situation.

Signature of Examiner: _____

Examination Date: _____

Title/Organization: _____

Operator Signature: _____

Ambulance Commander: _____