

Behind The Wheel Training

Name: _____

Range Hours:

Unit 2.1 Vehicle Inspection: Pre-Trip/En-Route/Post-Trip (This is not considered BTW time)

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 2.2 Straight Line Backing

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 2.3 45/90 Degree Alley Dock Backing

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 2.4 Off-Set Backing

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 2.5 Parallel Parking Blind Side

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 2.6 Parallel Parking Sight Side

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 2.7 Coupling and Uncoupling

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Road Hours:

Unit 3.1 Vehicle Controls

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 3.2 Shifting/Transmissions

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 3.3 Communication

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 3.4 Visual Search

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 3.5 Speed and Space Management

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Unit 3.6 Safe Driver Behavior

Trainer/Trainers: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Check when completed. Total Hours: _____

Comments:

Units 3.7 through 3.12:

Unit 3.7 Hours-of-Service Requirements

Trainer/Trainers: _____

Can the Driver-trainee Complete a Driver's Daily Log (electronic or paper), timesheet, and logbook recap? Yes: ___ No: ___

Check when completed. Comments:

Unit 3.8 Hazard Perception

Trainer/Trainers: _____

Were the essential learning questions addressed and retained? Yes: ___ No: ___

Check when completed. Comments:

Unit 3.9 Railroad-Highway Grade Crossing

Trainer/Trainers: _____

Were the essential learning questions addressed and retained? Yes: ___ No: ___

Check when completed. Comments:

Unit 3.10 Night Operation

Trainer/Trainers: _____

Were the essential learning questions addressed and retained? Yes: ___ No: ___

Check when completed. Comments:

Unit 3.11 Extreme Driving Conditions

Trainer/Trainers: _____

Were the essential learning questions addressed and retained? Yes: ___ No: ___

Check when completed. Comments:

Unit 3.12 Skid Control/Recovery, Jackknifing, & Other Emergencies

Trainer/Trainers: _____

Were the essential learning questions addressed and retained? Yes: ___ No: ___

Check when completed. Comments:

Final Comments:

Trainer Signatures:

Trainer:
Date:

Trainer:
Date:

Trainer:
Date:

Trainer:
Date:

Trainer:
Date:

Trainer:
Date: