

MANATEE COUNTY EMS DRIVING EVALUATION

EMPLOYEES NAME: _____ DATE: _____

A. Ambulance operation under normal conditions. Sat. Unsat.

- 1. Corning Skills _____
- 2. Braking Skills _____
- 3. Accelerating Skills _____
- 4. Lane Changes _____
- 5. Passing _____
- 6. Backing _____
- 7. Parking _____
- 8. Use of lights and turn signals _____
- 9. Use of mirrors _____

Comments: _____

B. Ambulance operation under high risk conditions.

- 1. Use of lights and siren _____
- 2. Compliance with state and local regulations _____
- 3. Adherence to speed limits _____
- 4. Maintains proper following distance _____
- 5. Drives defensively _____
- 6. Approaches intersections cautiously _____
- 7. Anticipates reactions of other drivers _____
- 8. Moves through intersection with caution _____
- 9. Parks with due regard for safety _____
- 10. Driving against traffic _____
- 11. Adjusts speed for conditions _____

Comments: _____

All requirements have been met. YES NO

Evaluator's Signature: _____ Date: _____

I have seen the completed checklist and have been given an explanation of my performance.

Participant's signature: _____ Date: _____