

EXAMPLE DRIVER ASSESSMENT AND MONITORING SHEETS

*This WISH reference document is aimed at health and safety improvements in the waste management industry. This document is linked to **WISH WASTE 04 SAFE OPERATION OF WASTE AND RECYCLING VEHICLES** but is not a formal part of this guidance. It simply gives an example of how some organisations approach the relevant topic. It is an example and should not be taken as good practice – you need to decide how you will do things rather than simply copy this example, although it may help you in deciding. All WISH reference documents are available on the WISH web site.*

Introduction

Employers should ensure that drivers of waste and recycling vehicles (including agency drivers) are fit and capable of operating vehicles safely and that their driving licence is regularly reviewed. The following example forms may assist you when assessing drivers:

- 1. Example driving ability report
- 2. Example pre-employment driving licence questionnaire and accident history record form
- 3. Example record of initial and periodic driving licence checks form

1. Example driving ability form

Important

This is only a guide.

Depending upon your individual activities and organisation's policies, you may need to delete, alter, amend or supplement the contents when devising your own documentation.

Surname	Other names		
(Capitals please)			
Division			
Date of training/assessment			
Vehicle type	Model		
Reg number			
Eyesight check satisfactory	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If trainee cannot read a standard registration plate at a distance of 20.5 m (67 ft) with corrected vision (if required), practical training must not be carried out.			
Risk profile (circle one number only in each category)			
Key to grades			
1 = Excellent	2 = Very good	3 = Satisfactory	4 = Needs improvement 5 = Poor
	Initial assessment	Post training	
Division			
Use of vehicle controls	1-2-3-4-5	1-2-3-4-5	
Concentration	1-2-3-4-5	1-2-3-4-5	
Observation	1-2-3-4-5	1-2-3-4-5	
Anticipation	1-2-3-4-5	1-2-3-4-5	
Hazard management	1-2-3-4-5	1-2-3-4-5	
Road positioning	1-2-3-4-5	1-2-3-4-5	
Use of signals	1-2-3-4-5	1-2-3-4-5	
Use of mirrors	1-2-3-4-5	1-2-3-4-5	
Attitude	1-2-3-4-5	1-2-3-4-5	
Manoeuvring	1-2-3-4-5	1-2-3-4-5	
Separation distance	1-2-3-4-5	1-2-3-4-5	
Specific comments on the above should be made in the space provided at the end of the form			

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Trainer's overall risk grading of driver (Tick one box only)	Low risk	1	<input type="checkbox"/>
	Average risk	2	<input type="checkbox"/>
	High risk	3	<input type="checkbox"/>
Advanced driving test capability (please tick)			
Capable of passing the Advanced Driving Test without further training			<input type="checkbox"/>
Would require some further training before taking the Advanced Driving Test			<input type="checkbox"/>
Would require considerable further training before taking the Advanced Driving Test			<input type="checkbox"/>
Trainer's comments and recommendations for further training required to improve driver's ability to a suitable standard. Particular reference MUST be made to any items marked 4 or 5 in the <i>Post training</i> column overleaf.			
Assessor's/Trainer's name _____ Signature _____			

2. Example pre-employment licence and accident history

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Name (Capitals please)		
Position applied for		
Date started		
CURRENT LICENCE DETAILS		
Do you hold a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what type (please circle) PCV LGV CAR MOTORCYCLE OTHER (please give details) _____		
Is the licence Full <input type="checkbox"/> Provisional <input type="checkbox"/>		
If LGV please give Date of last medical examination Date of next medical examination		
DETAILS OF ENDORSEMENT (in last 5 years)		
Code	Offence	Date
ACCIDENT HISTORY Provide details of motor accidents involving an insurance claim within last 5 years:		
Date	Brief details of the incident and who was responsible	
DECLARATION		
I confirm that all the information given by me on this form is accurate		
Signed _____ Name _____		
Date _____		

