



OBSERVATION CHECKLIST

Driver's Name: _____

Observation Date: _____ Location: _____

Instructor: _____

	YES	NO	NI	NA
Follows Recommended Inspection Procedures				
Adjusts Seat and Mirrors				
Wears Safety Belt				
Scanning				
• Uses Mirrors				
• Spots potential hazards in time to take appropriate actions				
• Leans in seat to improve sight angle				
• Is not surprised by traffic light changes and other hazards				
Left and Right Turns				
• Checks blind spots				
• Uses directional signals appropriately				
• Keeps wheels straight on left turns				
• Selects proper lanes				
Cushion of Safety				
• Is aware of surroundings				
• Adjusts speed				
• Avoids driving in others' blind spots				
• Is aware of own blind spots				
• Avoids driving behind oversized vehicles				
Communicates With Others Clearly and Effectively				
Maintains an Adequate Following Distance				
Covers Brake When Appropriate				
Leaves Space In Front When Stopping Behind Other Vehicles				
Compensates for Tailgaters				
Other:				

