

DPS - _____ - W

DRIVER TRAINEE

DBA: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE: _____ FAX: _____

- ❖ All drivers must complete the certified training for Traffic Incident Management (TIM).
- ❖ Must properly load/unload a vehicle and correctly utilize safety equipment.
- ❖ Show knowledge of scene safety, including PPE.

Employee Name _____

Hire Date _____ Trainer _____

DATE	TYPE OF CALL <i>(LAW ENFORCEMENT, PRIVATE PROPERTY, OWNER REQUEST)</i>	LOCATION	TYPE OF TRAINING	TOTAL HOURS
WEEKLY TOTALS				

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____