OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

# TRUCKING SCHOOLS
# STUDENT BEHIND-THE-WHEEL TRAINING REPORT

**The most current version of this document available at www.drivertraining.ohio.gov**

| STUDENT'S NAME | DATE OF BIRTH | HOME PHONE # | WORK PHONE# |
|---|---|---|---|
| ADDRESS | | STATE | ZIP CODE |
| PERMIT#/DRIVER LICENSE # | | DATE VALIDATED | DATE EXPIRE |
| ENTERPRISE NAME | | ENTERPRISE # | REPORT YEAR |

**NOTE**: Break time and observation time does not count toward the 40 hours of required instructional time.

START DATE

**BEHIND-THE-WHEELTRAINING**
PERFORMANCE CODE:
3- GOOD 2- FAIR
1-IMPROVEMENT

CERTIFICATE ISSUED ☐ YES ☐ NO
NUMBER
DATE ISSUED
COURSE COMPLETED ☐
DRIVING:
PASS ☐ FAIL ☐

| DATE | START TIME | END TIME | HRS DRVN | R=RANGE S=STREET | Check for Valid Permit | Starting | Stopping | Turns | Shifting | Braking | Parking | Docking | Hooking Up/Unhooking | Display of emergency equipment | Use of hazard lighting systems | Checking and servicing parts | Sharing the Road | Safe Driving Practices | Railroad grade crossing | Pre-Trip – Post Trip | INSTRUCTOR INITIALS/ LICENSE # | STUDENT INITIALS |
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I, the undersigned Instructor, certify that the Student has satisfactorily completed the behind-the-wheel instruction required chapter 4501-7-11 of the OAC.

| INSTRUCTOR OR TRAINING MANAGER SIGNATURE | DATE |
|---|---|
| **X** | |

**Optional:**
I, the undersigned Student, certify that I have completed all training provided by the school as listed above.

| STUDENT SIGNATURE | DATE |
|---|---|
| **X** | |

No person shall falsify, alter or in any manner tamper with any records required to be kept by the Ohio Administrative Code.

OTS 0169 7/08