Training For

Driver Daily Walk Around Checks and Driver Defect Reporting

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| Name: |  | Date: |  |

*I confirm that I attended the training listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by [Company Name] policy and procedures, in accordance with the training.*

*If I have questions about the training, materials presented or [Company Name] policy and procedures, I understand it is my responsibility to seek clarification from [Company Representative or Department].*

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| --- | --- |
| Employee Signature: |  |

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| Print Name: |  |