



Driver Performance Coaching Form

FIRE SECURITY

Driver & Vehicle Details

Employee Name:	Title:
Department:	Manager Name:
Date & Time of Event:	Vehicle Number (last 8 of VIN):

Behavioral Event Details

SELECT APPROPRIATE EVENT THAT OCCURED	
Critical Unsafe Behaviors	
<input type="checkbox"/>	Non-hands-free cell phone use - making/taking handset calls Texting and/or manipulating a cellular phone or electronic device
<input type="checkbox"/>	Not wearing a seatbelt as required by state law
<input type="checkbox"/>	Purposely disconnecting, shutting off, obstructing the lens of, or redirecting a camera
<input type="checkbox"/>	Driving >90mph at any given time
Other Risky Driving Behaviors	
<input type="checkbox"/>	Driver either falls asleep or comes dangerously close to falling asleep behind the wheel
<input type="checkbox"/>	Following Distance – Tailgating - Driver following too close behind vehicle ahead
<input type="checkbox"/>	Too Fast for Conditions - Driving too fast for roadway or environment
<input type="checkbox"/>	Speeding >10mph over Posted Speed Limit
<input type="checkbox"/>	Speeding in a school or work zone
<input type="checkbox"/>	Near collision with object, pedestrian, or another vehicle
<input type="checkbox"/>	Distracted Driving (non-phone related)
<input type="checkbox"/>	Red Light or Stop Sign Violations
<input type="checkbox"/>	Exhibiting Road Rage or Highly Aggressive Driving
<input type="checkbox"/>	Preventable harsh braking, acceleration or cornering
<input type="checkbox"/>	Other (please explain):

Coaching

Date Employee Coached:	
Please Explain Key Points Communicated to Driver During Coaching Moment:	
Employee Signature:	Manager Signature: