

Community Living Brant
Transportation Orientation

Name: _____ Employee Number: _____

Location: _____ Date: _____

<i>Transportation Orientation</i>	<i>Completed</i> √
1. Review Transportation/Travel Policy and Procedure	
2. Review Vehicle Operation	
3. Review Licensing and Insurance Requirements	
4. Review Completion of Vehicle Log Record	
5. Review Vehicle Circle Check Procedures	
6. Review Accident Procedures including Accident/Injury Incident Investigation Policy and completion of the Vehicle Accident Report	
7. Review and demonstrate use of mechanical lifts	
8. Review and demonstrate loading and unloading of people supported in wheelchairs from vehicle	
9. Review Q-Straints Video	
10. Review use of Cellular Phone	

Employee's Signature: _____ Date: _____

Trainer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

*Forward Original to Human Resource Department *