

**Type 10 Skills Test
Vehicle Inspection Test**

Applicant

Driver's License No.

Person Giving Test

Date

Location

Route

Pre Trip Score

Road Test Score

Vehicle License No.

Capacity

Signature of Person Giving Test

UNDERCARRIAGE

Engine Compartment Yes No

Oil Level.....	<input type="checkbox"/>	<input type="checkbox"/>
Coolant Level.....	<input type="checkbox"/>	<input type="checkbox"/>
Power Steering Fluid (Level).....	<input type="checkbox"/>	<input type="checkbox"/>
Water Pump Belt (C) (Tension).....	<input type="checkbox"/>	<input type="checkbox"/>
Alternator Belt (C) (Tension).....	<input type="checkbox"/>	<input type="checkbox"/>
Any Leaks (Ground) (Engine).....	<input type="checkbox"/>	<input type="checkbox"/>

Front Wheel Yes No

Rim (C).....	<input type="checkbox"/>	<input type="checkbox"/>
Tire (INF) (TD) (SW) (VS).....	<input type="checkbox"/>	<input type="checkbox"/>
Lug Nuts (S).....	<input type="checkbox"/>	<input type="checkbox"/>

Rear Wheels Yes No

Rims (C).....	<input type="checkbox"/>	<input type="checkbox"/>
Tires (INF) (TD) (SW) (D) (VS).....	<input type="checkbox"/>	<input type="checkbox"/>
Lug Nuts (S).....	<input type="checkbox"/>	<input type="checkbox"/>
Mud Flaps (C) (S).....	<input type="checkbox"/>	<input type="checkbox"/>

Fuel Area Yes No

Fuel Tank (S) (Cap &/or Door).....	<input type="checkbox"/>	<input type="checkbox"/>
Leaks.....	<input type="checkbox"/>	<input type="checkbox"/>

INTERIOR

Engine Start Yes No

Oil Pressure Builds.....	<input type="checkbox"/>	<input type="checkbox"/>
Ammeter/Voltmeter.....	<input type="checkbox"/>	<input type="checkbox"/>
Brake Check.....	<input type="checkbox"/>	<input type="checkbox"/>
(*AP) (*SB).....	<input type="checkbox"/>	<input type="checkbox"/>
Steering Play (C) (<10° or <2").....	<input type="checkbox"/>	<input type="checkbox"/>
Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors, Windshield (C) (AJ).....	<input type="checkbox"/>	<input type="checkbox"/>
Wipers (C) (Operate) (washers).....	<input type="checkbox"/>	<input type="checkbox"/>
Lighting Indicators.....	<input type="checkbox"/>	<input type="checkbox"/>
Horn (Air) or (Electric).....	<input type="checkbox"/>	<input type="checkbox"/>
Heaters/Defrosters (Operate).....	<input type="checkbox"/>	<input type="checkbox"/>
Safety/Emergency Equipment (FA) (TR) (FE) (BF).....	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

Passenger Entry (Door) (Loose).....

Door Jamb (LT) (HR) (C).....

Emergency Exits (O) (Closes).....

Seating (C) (Attachment).....

EXTERIOR

Lights & Reflectors

Yes No

Front Lights (LB) (HB) (PL) (RS) (LS) (HZ).....

Clearance & Reflectors (L) (R) (F) (B).....

Rear Lights (TL) (BU) (HZ).....

Rear Signal/Brake Lights (LS) (RS).....

Mirrors (C) (S).....

Identification

Yes No

Lettering, Numbers and

Paint (L) (R) (F) (B).....

CODES USED ABOVE

A = Amber

FA = First Aid Kit

PL = Park Lights

AJ = Adjustment

FE = Fire Ext.

R = Right

AP = Applied

HB = High Beam

RD = Red

B = Back

HR = Hand Rail

RS = Right Signal

BF = Body Fluid Kit

HZ = Hazards

S = Security

BU = Back Up

INF = Inflation

SB = Service Brake

BZ = Buzzer

L = Left

SW = Sidewalls

C = Condition

LB = Low Beam

TD = Tread Depth

D = Duals

LT = Light

TL = Taillights

EB = Emergency Brake

LS = Left Signal

TR = Reflectors

F = Front

O = Open

VS = Valve Stem

* Required Brake Item

*Failure to perform a required inspection item will result in mandatory failure under "Grounds for Mandatory Failure" number 5.

Instructions

When the driver correctly identifies and inspects an item, mark the "Yes" box next to the item on the score sheet. If the inspection is not acceptable, mark the "No" box.

If the vehicle is not equipped with the item listed, draw a line through the "Yes and No" boxes, and write "N/A" next to the item. After the driver completes the pre-trip inspection, count the number of "No" boxes marked and, using the criteria below, determine if a passing score has been obtained.

Scoring: Type 10 passes pre-trip test if 10 or fewer items are marked "No."

TOTAL ITEMS MARKED "NO"

PASS

FAIL

Type 10 Skills Test
 Road Test

Applicant

Vehicle License #

LEFT TURN				RIGHT TURN								
APPROACH	1	2	3	4	APPROACH	1	2	3	4			
Traffic check.....	O	O	O	O	Traffic check.....	O	O	O	O			
Signal, decel, coast, lane.....	O	O	O	O	Signal, decel, coast, lane.....	O	O	O	O			
IF STOP	1	2	3	4	IF STOP	1	2	3	4			
Gap, stop line full stop, wheels straight.....	O	O	O	O	Gap, stop line full stop, wheels straight.....	O	O	O	O			
TURNING	1	2	3	4	TURNING	1	2	3	4			
Traffic check.....	O	O	O	O	Traffic check.....	O	O	O	O			
Both hands, gears.....	O	O	O	O	Both hands, gears.....	O	O	O	O			
Speed, wide/short.....	O	O	O	O	Speed, wide/short.....	O	O	O	O			
COMPLETE TURN	1	2	3	4	COMPLETE TURN	1	2	3	4			
Traffic check.....	O	O	O	O	Traffic check.....	O	O	O	O			
Correct lane.....	O	O	O	O	Correct lane.....	O	O	O	O			
Cancel signal, accelerate, right lane.....	O	O	O	O	Cancel signal, accelerate, right lane.....	O	O	O	O			
INTERSECTIONS				URBAN/RURAL SECTIONS				FREEWAY				
Stopping	S	S		U	R	Merge On						
Traffic check.....	O	O		O	O	Traffic check, signal, spacing, no stop, merge, cancel signal.....	O					
Deceleration, coast.....	O	O		O	O							
Gap, stop line, full stop.....	O	O		O	O							
Driving Through		T				Lane Changes	L	R				
Traffic check.....	O	O	O			Traffic check, signal, spacing, smooth change, cancel signal.....	O	O				
Yield, gear.....	O	O	O									
Accelerate.....	O	O	O									
CURVE				RAILROAD CROSSING				Driving				
Speed: enter, through, stay in lane.....	O					Type 10 vehicles not required to stop						
Traffic checks.....	O					Traffic check.....	O					
				BACKING	S	A	Exit					
				Sound horn, hazards.....	O	O	Traffic check, signal.....	O				
				Speed, maintains path.....	O	O	Exit lane, decelerate.....	O				
				Mirror checks	O	O	Ramp speed, spacing, cancel signal.....	O				
GENERAL DRIVING BEHAVIOR				AUTOMATIC FAILURE DURING DRIVE TEST								
Improper brakes use (smooth braking, no riding or pumping)			O	1.	Failure to use seat belt.							
Improper steering (both hands on wheel, no over/under control)			O	2.	Moving violation or disobeyed signs, signals.							
Disobeyed traffic signs or signals			O	3.	Did not yield to pedestrians, other road users, etc.							
Drove over sidewalks, lanes, stop lines, etc			O	4.	Avoidable accident or incident, dangerous act.							
				5.	Put vehicle over sidewalk or curb.							
AUTOMATIC FAILURE BEFORE DRIVE TEST BEGINS												
1. Failure to conduct a methodical or safe pre-trip.												
2. Failure to use the driver seat belt.												
3. Failure to conduct the prescribed brake test.												
Scoring: Type 10 passes road test if 20 or fewer items are marked.												