

Training Checklist***Private Fleet Dedicated Driver Orientation Program*****D G Logistics, LLC**

This completed form should be collected and retained in employee's DQ file.

Employee Name: _____ **Employee ID#:** _____
(print)

Training Type:

Initial Training
 Re-training

I have received, read, and understand the following materials:

Document/Resource	Date	Initials
D G Logistics, LLC Private Fleet Employee Handbook (includes Alcohol & Drug Policy)		
D G Logistics, LLC Private Fleet Driver Manual		
FMCSR Pocketbook		

I have received the following training:

Training Module	Date	Initials
DG Private Fleet Orientation for Dedicated Drivers		
DC Safety Orientation for Private Fleet Dedicated Drivers		
Compliance, Safety, Accountability (CSA)		
Hazmat General Awareness		
Hours of Service (including ELD training)		
Alcohol & Drug Testing		
Accident Procedures		
Driver Vehicle Inspections		
EYE ON Defensive Driving		
Emergency Maneuvers		
Speed & Space Management		
Pattern Driving & Driver Fatigue		
Safety Issues		
DG Driving Operations & Delivery Procedures		
Coupling & Uncoupling		
Backing Techniques		
Driving Techniques		

I understand it is my responsibility to follow all established D G Logistics, LLC policies and U.S. Department of Transportation (DOT) Federal Motor Carrier Safety Regulations.

Employee Signature: _____ **Date:** _____

Trainer Signature: _____ **Date:** _____