

Trainee Name \_\_\_\_\_ License # \_\_\_\_\_

Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Total Time \_\_\_\_\_  
Hours Minutes

**Training Overview**

Pre-Trip _____	Minutes	Backing-Straight Line _____	Total
Rail Crossings _____	Total	Backing-Offset _____	Total
Student Stops _____	Total	Backing-Alley Dock _____	Total
3-Point Turns _____	Total	Defensive Driving _____	Minutes
↑/↓Hill Parking _____	Total	Student Management _____	Minutes
Fueling/Cleaning _____		Ride-A-Long • Route # _____	

Notes:

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Total BTW Time: \_\_\_\_\_

Safety Training Manager: \_\_\_\_\_

Trainee Name \_\_\_\_\_ License # \_\_\_\_\_

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Total BTW Time: \_\_\_\_\_

Safety Training Manager: \_\_\_\_\_