

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Check for Understanding  This document is used to verify that the employee attending the training (The Trainee),  understands the key points of the training provided. | | | | | | |
| **Topic:** | | | Vehicle Backing Course | | | |
| Circle the best answer to the following questions | | | | | | |
| 1. | According to the National Safety Council one out of every \_\_\_ accidents can be blamed on poor backing techniques.  A. 4  B. 6  C. 8 | | | | | |
| 2. | The more of the *side of your vehicle* that is visible in your side view mirrors, the less apt you are to collide with an object while backing.  True  False | | | | | |
| 3. | Possible backing hazards include: inadequate clearance, objects behind your vehicle, and objects that move into the path of your vehicle.  True  False | | | | | |
| 4. | With the new technology of back up cameras and proper mirror adjustment, the need to exit the vehicle and check behind one’s vehicle is no longer important.  True  False | | | | | |
| **Employer’s Name**  **City/ County:** | |  | | | | |
| **Trainee Section** – By signing this document, I verify that I have viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. | | | | | | |
| Print Trainee’s Name: | | |  | | Date |  |
| Trainee’s Signature: | | |  | | | |
| **Employer’s Training/ Safety/ HR Coordinator Section** – By signing this document, I verify that the “Trainee” has viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. | | | | | | |
| Print Coordinator’s Name: | | | |  | Date |  |
| Coordinator’s Signature: | | | |  | | |
| Please scan and return via e-mail to [ahowery@lgrms.com](mailto:ahowery@lgrms.com) or via mail to LGRMS, 3500 Parkway Lane, Suite 110, Norcross, GA, 30092 | | | | | | |