

Taxi Assessment Report Form

Candidates Name:
Date:
Driver Licence Number:
Driver Insurance Certificate Number:
MOT Certificate Number:
Eye Sight Check:

Vehicle Details
Make:
Model:
Registration No:

Driver Faults
Minor: /
Serious: S
Dangerous: D

Controls	Total Faults
• Precautions	<input type="text"/>
• Clutch	<input type="text"/>
• Footbrake	<input type="text"/>
• Accelerator	<input type="text"/>
• Gears	<input type="text"/>
• Steering wheel	<input type="text"/>
• Parking brake	<input type="text"/>
• Ancillary controls	<input type="text"/>

Procedures	Total Faults
• Speed	<input type="text"/>
• Mirrors	<input type="text"/>
• Signals	<input type="text"/>
• Positioning	<input type="text"/>
• Meeting	<input type="text"/>
• Awareness	<input type="text"/>
• Planning	<input type="text"/>
• Observations	<input type="text"/>

Reverse Exercise	Total faults
<input type="text"/> Turn in the road Con/Obs/Acc	<input type="text"/>
<input type="text"/> Reverse park Con/Obs/Acc	<input type="text"/>
<input type="text"/> Reverse Left Con/Obs/Acc	<input type="text"/>
Junctions	
• Turning left	<input type="text"/>
• Turning right	<input type="text"/>
Response to Traffic	
• Signs	<input type="text"/>
• Lights	<input type="text"/>
• Markings	<input type="text"/>

Vehicle safety checks	Total faults
• Tell me/Show me	<input type="text"/>
• Total faults	<input type="text"/>
Test Result	
• Pass	<input type="text"/>
• Fail	<input type="text"/>
Examiners Signature Print Name	
I declare that vehicle presented for the assessment is insured for the purpose of that assessment. Candidate Signature..... Print Name.....	