

Please complete this important survey about the course and fleet safety

DATE \_\_\_\_\_ STUDENT NAME \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ LOCATION \_\_\_\_\_

EMAIL \_\_\_\_\_

**DRIVER EVALUATION**

1. Please rate the Vision Zero section of this presentation (1 to 10, 1=low, 10=high)  
\_\_\_\_\_
  
2. Do you operate City light duty vehicles, trucks, or both? (write Light, Trucks, or Both; feel free to also add detailed types)  
\_\_\_\_\_
  
3. Does your agency purchase the right type of vehicles and equipment for you to do your job? (1 to 10, 1=low, 10=high)? \_\_\_\_\_
  
4. Do you operate a vehicle that uses alternative fuels? YES/NO (Circle all that apply)  
If yes, which: Full EV / Biodiesel / Solar / Hybrid / Electric / CNG (Circle all that apply)
  
5. Please share your thoughts on the design and equipping of City vehicles as relates to safety, including suggestions.  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Which type of equipment do you consider the most important to improving safety:
  - a. Backup cameras
  - b. Additional mirrors
  - c. Backup alarms
  - d. Driver alert system
  - e. Navigational system
  - f. Other
  
7. How would you rate the quality of fleet service in general at your agency (1 to 10, 1=low, 10=high) \_\_\_\_\_
  
8. Please share your thoughts on improving fleet services at your agency. Be specific.  
\_\_\_\_\_  
\_\_\_\_\_
  
9. How would you help make your fleet safer based on your experience?  
\_\_\_\_\_  
\_\_\_\_\_