



# AVIVA

## Agency Driver Questionnaire

Vehicle reg no:	
Date:	
Start time:	Finish time:
Total hours:	

Agency name:
Driver name:
Driver DOB:
When did you last finish work (not driving)? Enter date & time:
When did your last weekly rest finish? Enter date & time:
How many driving periods have you worked since your last weekly rest?:
Have you any rest to make up? If so, how much and by what date?:
Have you received and read a copy of the driver's handbook issued to your agency employment office?:
Have you read our agency drivers' terms and conditions of employment?:
Signature of driver: _____

To be completed by Transport Supervisor / Manager		
Above data checked from driver's current charts / driver's card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driver's identity and driving licence details validated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of days and hours driver employed on this occasion:		
Name of manager:	Signature of manager: .....	