

TTSAO SmartDriver Challenge

FUEL CONSUMPTION FORM

Use this form to track and submit fuel consumption for the TTSAO SmartDriver Challenge. All fields must be filled out – incomplete and/or illegible forms will be discarded. Email each completed form to admin@ttsao.com in a separate email. Emails that contain multiple completed forms will be discarded.

Fleet Name: _____ City: _____ Manager/Instructor: _____

Driver: _____ New Driver (less than 1 yr exp.) **or** Experienced Driver (1 yr + exp.)

Truck Make/Model/Year: _____ Trailer: Empty Loaded (_____ kg) Bobtail N/A

SmartDriver for Highway Trucking course date of completion: _____

	PRE-TRAINING ASSESSMENT	POST-TRAINING ASSESSMENT
Date		
Start Time/End Time	/	/
Amount of Fuel Used (Litres)		
Trip Distance (km)		
Visual Conditions	<input type="checkbox"/> Clear/Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Foggy <input type="checkbox"/> Twilight <input type="checkbox"/> Dark	<input type="checkbox"/> Clear/Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Foggy <input type="checkbox"/> Twilight <input type="checkbox"/> Dark
Precipitation	<input type="checkbox"/> None <input type="checkbox"/> Showers <input type="checkbox"/> Light Rain <input type="checkbox"/> Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Snow	<input type="checkbox"/> None <input type="checkbox"/> Showers <input type="checkbox"/> Light Rain <input type="checkbox"/> Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Snow
Temperature (Celsius)	<input type="checkbox"/> Below 0 degrees <input type="checkbox"/> 1 - 20 degrees <input type="checkbox"/> Over 20 degrees	<input type="checkbox"/> Below 0 degrees <input type="checkbox"/> 1 - 20 degrees <input type="checkbox"/> Over 20 degrees
Used A/C	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wind (if on highway)	<input type="checkbox"/> Headwind <input type="checkbox"/> Tailwind <input type="checkbox"/> Crosswind	<input type="checkbox"/> Headwind <input type="checkbox"/> Tailwind <input type="checkbox"/> Crosswind
Approx. wind speed (km/h)	_____	_____
Traffic Congestion	<input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	<input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy