Use this checklist to track that you have adequate documentation of each driver’s / operator’s requirements as set forth in Ohio Administrative Code (O.A.C.) rule 4766-3-13.

### EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>LEGAL LAST NAME</th>
<th>LEGAL FIRST NAME</th>
<th>LEGAL MIDDLE NAME</th>
<th>DATE OF HIRE</th>
</tr>
</thead>
</table>

1. **COPY OF VALID DRIVER’S LICENSE**
   - Issuing State: ____
   - Expiration Date: __ / __ / __
   - Driver is older than 18 years-of-age. (YES/NO)
   - Driver has a minimum of two years of driving experience. (YES/NO)

2. **COPY OF A CERTIFIED DRIVERS ABSTRACT FROM THE BMV**
   - Date abstract was run: __ / __ / __
   - Abstract from: Ohio BMV ____ or Out of state BMV ____(YES/NO)
   - Abstract is dated no more than 14 calendar days prior to the date of application for employment. (YES/NO)

3. / 4. **COPY OF CERTIFICATIONS**
   - CPR Certification: [ ] AHA [ ] Red Cross [ ] ASHI [ ] Other ______
   - Expiration Date: __ / __ / __ (YES/NO)
   - First Aid Certification: [ ] AHA [ ] Red Cross [ ] ASHI [ ] Other ______
   - Expiration Date: __ / __ / __ (YES/NO)
   - *Current Ohio Certification: [ ] EMR [ ] EMT [ ] Advanced EMT [ ] Paramedic
   - Expiration Date: __ / __ / __ (YES/NO)

5. / 6. **PASSENGER ASSISTANCE COURSE COMPLETION**
   - Course Name: __________________________
   - Date Completed: __ / __ / __ (YES/NO)
   - Documentation of hands on training (YES/NO)
   - Board approval letter for self-developed course (YES/NO)

7. **COPY OF VALID CRIMINAL BACKGROUND CHECK**
   - [ ] Ohio BCI [ ] FBI
   - Expiration Date: __ / __ / __ (YES/NO)

   *Must have FBI check if employee resides outside Ohio or has not lived in Ohio for 5 years or longer.

8. **COPY OF PHYSICIAN STATEMENT**
   - Physician’s statement certifying that the driver has no medical, physical, or vision impairments that would affect the performance of the job. (YES/NO)

9. **COPY OF VALID DRUG TEST (Pre-employment and Post accident)** (YES/NO)
   - **COPY OF VALID ALCOHOL TEST (Pre-employment and Post accident)** (YES/NO)

10. **DRIVER ID BADGE**
    - Service Name and First Name and Last Initial OR Service Name and Employee Number (YES/NO)

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Sections 1, 2, 8, 9, and 10 must be completed within 14 days from the date of hire.
Sections 3, 4, 5, 6, and 7 must be completed within 60 days from the date of hire.