

Step 3: Health Education Completion Form

Decision Driving



Use this form to document that you have participated in the Decision Driving program. Mail this completed form to: WellAware Program, Berlin, BMN2 (interoffice) or Northeast Utilities WellAware Program, 107 Selden St., Berlin CT 06037 (U.S. mail). This form must be submitted by October 31, 2011.

Name: _____ Employee Spouse _____
(Please list employee name)

Mail Location: _____ Employee ID: _____
(Number on front of employee badge)

Approximately how many Americans die on the road each year? _____

Name one of the four main types of crashes. _____

The average driver makes approximately how many decisions per mile? _____

List all five Decision Driving Principles: _____

Explain a situation where a driver used poor 'look ahead capacity'. _____

Adopting your vehicle speed to changing lights will save fuel and wear on your brakes. True False

How often should you check your mirrors? _____

No driver should look at any one thing for longer than how many seconds? _____

It takes the average person three-quarters of a second to react to an emergency. True False

List one way to communicate with other people as you are driving. _____

Directional signals should be used how many seconds before turning or changing lanes? _____

Tapping your brakes signals what to the person behind you? _____

While backing up a vehicle with limited or obstructed view, what would be the safest thing to do to avoid an accident?

When should 4-way flashers be used? _____

List the dangers of tailgating another vehicle. _____

Explain the "Timed Interval Rule" for a safe following distance. _____

On a scale of 1-5 (1 = poor, 5 = excellent), how would you rate this program? 1 2 3 4 5

Additional Feedback _____

I verify that I have completed the Decision Driving course and that I have completed this worksheet.

Your signature required

Date

Don't forget to make a copy of this completed form for your records.