**Information about the drive tests**

After finish the drive tests, please send the filled in report to the following address:

operatorzyOBUZSL@mf.gov.pl

|  |  |
| --- | --- |
| **Route Id** | (e.g. S8) |
| **Section** | (e.g. Warsaw – Legnica – Warsaw) |
| **Driver** (first name & last name) |  |
| **Contact** (email+phone) |  |
| **List of tested devices**(type + serial no.) | Type:Serial no.: |
| **Time and date of beginning of test drive** | (hh:mm; dd.mm.yyyy) |
| **Time and date of ending of test drive** | (hh:mm; dd.mm.yyyy) |
| **Did the trip take place in accordance with the planned scenario** (if there were any exceptions, please describe) |  |
| **Were there any stops during the test drive** (what times and how long) |  |
| **Were there any problems with the tested devices** (what kind of problems) |  |
| **Other comments** |  |