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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 管理№ | | | | | |  | | | | | | | | | | | |
| 運転者台帳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 作成日 | | | | | | 年　　月　　日 | | | | | | | | | | | |
| ふ　り　が　な | | |  | | | | | | | | | | | | | | | | 性　　別 | | | | | 生年月日 | | | | | | | | | | 写　　真  単独･上三分身、 無帽･正面、 無背景の台帳 作成前6ｶ月以内 に撮影のもの | | | | | | | | | | | | | |
| 氏　　名 | | |  | | | | | | | | | | | | | | | | 男・女 | | | | | 年　　月　　日 | | | | | | | | | |
| 現住所 | | |  | | | | | | | | | | | | | | | | | | | | | 雇入月日 | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | 所属 | |  | | | | | | | |
| ＴＥＬ | | | | | | | | | | | | | | | | | | | | |
| 事業用自動車運転者としての選任年月日 | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | |
| 変　更 | 職種・営業所 | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| 年　月　日 | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| 理　　　由 | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 年　　月　撮影 | | | | | | | | | | | | | |
| 運転免許証関係 | 免許証 番　号 | |  | | | | | | | | | | | | | | | | | | | 取　得 年月日 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 種　類 | | 大型･中型・普通･大特･けん引･大２･普２･大特２･けん引２ | | | | | | | | | | | | | | | | | | | 条　件 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 有効期限 | | 年 　　月 　　日まで | | | | | | | | | | 番号 | | | | | | | | | | | 年 　　月 　　日まで | | | | | | | | | | | | 番号 | | | | | | | | | | | |
| ． 　　． | | | | | | | | | |  | | | | | | | | | | | ． 　　　． | | | | | | | | | | | |  | | | | | | | | | | | |
| ． 　　． | | | | | | | | | |  | | | | | | | | | | | ． 　　　． | | | | | | | | | | | |  | | | | | | | | | | | |
| ． 　　． | | | | | | | | | |  | | | | | | | | | | | ． 　　　． | | | | | | | | | | | |  | | | | | | | | | | | |
| ． 　　． | | | | | | | | | |  | | | | | | | | | | | ． 　　　． | | | | | | | | | | | |  | | | | | | | | | | | |
| 健康診断の  受診状況 | 報告書から手書で転記するか労働安全衛生規則の第51条に基づく健康診断個人票か51条4に基づく健康診断結果の写しを添付することで足りる。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 自動車事故歴 | 発生年月日 | | | | | | 事故の種類 | | | | | 事故記録簿No, | | | | | 概　要 ・ 処　置　等 | | | | | | | | | 違反歴 | | 発生年月日 | | | | | | | | 違反の種類 | | | | | | 違反場所 | | | | | |
| 年　月　日 | | | | | |  | | | | |  | | | | |  | | | | | | | | | 年　月　日 | | | | | | | |  | | | | | |  | | | | | |
| 年　月　日 | | | | | |  | | | | |  | | | | |  | | | | | | | | | 年　月　日 | | | | | | | |  | | | | | |  | | | | | |
| 年　月　日 | | | | | |  | | | | |  | | | | |  | | | | | | | | | 年　月　日 | | | | | | | |  | | | | | |  | | | | | |
| 年　月　日 | | | | | |  | | | | |  | | | | |  | | | | | | | | | 年　月　日 | | | | | | | |  | | | | | |  | | | | | |
| 年　月　日 | | | | | |  | | | | |  | | | | |  | | | | | | | | | 年　月　日 | | | | | | | |  | | | | | |  | | | | | |
| 特別教育実施状況 | 実施年月日 | | | | | | 内容等 | | | | | | | | | | | | | | | 実施年月日 | | | | | | | 内容等 | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | | | | | | | | | | 年　月　日 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | | | | | | | | | | 年　月　日 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | | | | | | | | | | 年　月　日 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | | | | | | | | | | 年　月　日 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 適性診断 | 実施年月日 | | | | | | 受診対象の種類 | | | | | | | 実施機関名 | | | | | | | | 診断結果の所見摘要 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　月　日 | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業用自動車の運転者でなくなった日と理由 | | | | | | | | | | | | | | | | 年　月　日 | | | | | | 理由: | | | |  | | | | | | | | | | | | | | | | | | | | | |
| ※複数の営業所で管理№が重複しないこと ※転任・退職等により運転者でなくなった者の番号は永久欠番とし、この台帳は3年間保存すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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