

PRECISION MANEUVERING CLINIC (PMC) CHECK RIDE

Please return form with course file.

Intern Name: _____

Date: _____

Mentor/Observer: _____

Result

Pass	Fail

Check ride is passed if intern performs each PMC Level 1 exercise twice (three tries are allowed) without putting a foot down, hitting a cone or crossing a boundary.

Ex. 1 U-Turn, S-Turn, Sharp Turn			
	Demo 1	Demo 2	Demo 3
Clean Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit Cone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ex. 4 Iron Cross			
	Demo 1	Demo 2	Demo 3
Clean Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit Cone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ex.2 Left and Right Pullouts			
	Demo 1	Demo 2	Demo 3
Clean Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit Cone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ex. 5 Keyhole			
	Demo 1	Demo 2	Demo 3
Clean Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit Cone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ex. 3 Offset Weave			
	Demo 1	Demo 2	Demo 3
Clean Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit Cone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Style/Technique			
Head/Eyes	<input type="checkbox"/> Good	<input type="checkbox"/> Needs Impt.	
Smoothness	<input type="checkbox"/> Good	<input type="checkbox"/> Needs Impt.	
Use of Space	<input type="checkbox"/> Good	<input type="checkbox"/> Needs Impt.	
Clutch/Brake	<input type="checkbox"/> Good	<input type="checkbox"/> Needs Impt.	

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