



DRINKING DRIVER PROGRAM (DDP) CLASSROOM SITE INSPECTION REPORT

OFFICE USE ONLY								
Business ID Number								
DDP Program Code								

TO BE COMPLETED BY DRINKING DRIVER PROGRAM								
DDP Name		DDP Director						
Main Office Address(City, State, Zip Code	e)	Telephone ()						
Classroom Address								
(Building Name, Room Number, City, State, Zip Cod	(County)							
TO BE CO	NPLET	ED BY DMV						
INSPECTOR'S CHECK LIST:								
A. CLASSROOM		B. EQUIPMENT Yes No						
Does the classroom adequately comply with the following crite	1. Chalkboard or Flipcharts							
		2 TV/VCP						
Yes	No	3. Other:						
1. Clean, comfortable and conducive to learning								
2. Accessible restroom facilities								
3. Well-heated/ventilated								
4. Has adequate lighting		C . Class Size (sq. ft.)						
5. Good line of vision from all seats	Number of Students Permitted in Classroom							
6. No visual or audible distractions								
		Check here if classroom is Handicapped accessible						
D. Remarks:								
INSPECTION								
		Date Inspected						
(Name and Title)		,						
Inspector's Name(Print)								
Supervisor's Signature		Date						
,								
Recommendation: APPROVE		☐ DENY ☐ REINVESTIGATE						

Please send to: New York State Department of Motor Vehicles Bureau of Driver Training Programs 6 Empire State Plaza, Room 412

Albany NY 12228