



IMPAIRED DRIVER PROGRAM (IDP) CLASSROOM SITE INSPECTION REPORT

Impaired Driver Program dmv.ny.gov

OFFICE USE ONLY
Business ID Number
Program Code

TO BE COMPLETED BY IMPAIRED DRIVER PROGRAM

IDP Name: _____

IDP Director: _____

Main Office Address: _____ Telephone () _____
(City, State, Zip Code)

Classroom Address: _____
(Building Name, Room Number)
(City, State, Zip Code) (County)

TO BE COMPLETED BY DMV

INSPECTOR'S CHECK LIST:

- A. CLASSROOM - Does the classroom adequately comply with the following criteria:
1. Clean, comfortable and conducive to learning.
2. Accessible restroom facilities
3. Well-heated/ventilated
4. Has adequate lighting
5. Good line of vision from all seats
6. No visual or audible distractions

B. Class Size (sq. ft.) _____ Number of Students Permitted in Classroom _____
(allow 15 sq. ft. per student with a minimum of 8 students and a maximum of 25 students)
Check here if classroom is accessible to people with disabilities.

C. Remarks: _____

INSPECTION

Person Interviewed: _____
(Name and Title)

Inspector's Name: _____ Date Inspected _____
(Print)

Inspector's Signature X _____

Supervisor's Signature X _____ Date _____

Recommendation: [] APPROVE [] DENY [] REINVESTIGATE

Please send to: New York State Department of Motor Vehicles
Impaired Driver Program
6 Empire State Plaza, Room 336
Albany NY 12228