



## GOLF CART AND SERVICE VEHICLE SAFETY POLICY POLICY ACKNOWLEDGEMENT FORM

Employee Name (print): \_\_\_\_\_

\*Department: \_\_\_\_\_

Room Number/Building: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor (print): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

**(Driver's license must be show to the supervisor and a copy attached with this form.)**

I acknowledge that:

1. I have read the RMU Golf Cart/Service Vehicle Safety Policy and Procedures.
2. I understand the Policy and Procedures.
3. I possess a valid driver's license.
4. I have completed golf cart or service vehicle safety training.

Date training completed: \_\_\_\_\_

5. Supervisor observed and validates the proper operation during test drive.

Date test drive completed: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Department maintains this record for three years after departure of employment from the University. Send copy to Environmental Health and Safety.**