



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.**