

# Golf Cart/Service Vehicle Safety Policy Acknowledgement Form

## Policy Acknowledgement Form

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

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

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

Phone Number \_\_\_\_\_

Supervisor (print): \_\_\_\_\_

I acknowledge that:

- > I have read the University Golf Safety Policy and Procedures.
- > I understand the Policy and Procedures.
- > I possess a valid driver's license: Yes or No
- > I have completed the EHS golf cart/service vehicle safety training.  
Date completed: \_\_\_\_\_

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

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

**\* Department maintains this record for three years.**