

# CART INSPECTION

Pre-Inspection

Post-Inspection

Date: \_\_\_\_\_

Must be completed before operating cart

\* Submit this report to your supervisor/forman prior to operating cart.

City / Location:

Show Name:

Company Vehicle Number:

Rental Company:

Vehicle Number:

Vehicle Type:

Visual Inspection	Pass	Fail	Comments / Reason for Fail
Visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Tires	<input type="checkbox"/>	<input type="checkbox"/>	
Frame / Body	<input type="checkbox"/>	<input type="checkbox"/>	
Data Plate	<input type="checkbox"/>	<input type="checkbox"/>	
Owners Manual	<input type="checkbox"/>	<input type="checkbox"/>	
Cart Safety Sticker (policy)	<input type="checkbox"/>	<input type="checkbox"/>	
Modifications	<input type="checkbox"/> Modifications noted - Red tag and inform supervisor		<input type="checkbox"/> No Modifications

## Operational Check

Brakes	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Lights	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	

\* BEFORE you operate any cart, you must verify that you are trained to do so.

Visible Damage to Unit? What are the defects that need correction? Please describe here.

Inspection Completed By

PLEASE WRITE BOTH YOUR FIRST & LAST NAMES AND PRINT CLEARLY

Operators Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Verified by:

Supervisor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Operators Cert Card Date Certified: \_\_\_\_\_