

# Florida Atlantic University Golf Cart/Utility Vehicle Annual Safety Inspection Form

Golf Cart/Utility Vehicle Registration #: \_\_\_\_\_

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

Inspection Item	Pass	Fail	N/A	Comments
Brakes				
Parking Brake				
Transmission				
Steering				
Headlights				
Taillights				
Turn Signals				
Slow Moving Vehicle Sign				
Mirror				
Horn				
Back-up Alarm				
Seat(s)				
Seat belts				
Windshield				
Windshield Wipers				
Bumpers				
Tires				
Suspension				
Engine				
Batteries				
Fuel System				
Exhaust System				
Road Test				

I certify that I have conducted an inspection of the above referenced vehicle and that the conditions of the Inspection Items are accurately reported.

\_\_\_\_\_  
Inspector's Printed Name

\_\_\_\_\_  
Inspection Date

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Company

Golf carts/utility vehicles shall not be operated if any inspection item fails, until such time as the inspection item has been repaired by a qualified technician. A copy of the repair bill must be attached to this inspection form as proof of correction.

Distribution: Original to Department

Copy to EH&S (Campus Operations, Room 112)