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| **DRIVER INFORMATION** | | | |
| **Name:** | | **Employee #:** | |
| **Position:** | | **Department:** | |
| **Phone:** | | **Email:** | |
| I have read and understood the Golf Carts in Tunnels Policy and have completed orientation/training with my supervisor/manager. I agree to operate the golf cart assigned to me in accordance with the rules of operation and I understand that failure to do so may result in the loss of driving privileges and/or disciplinary action. I am aware that I am required to disclose any factors which would affect my ability to safely drive a golf cart. I am aware that surveillance cameras are installed in the tunnels for the purposes of safety and security. | | | |
| **Driver Signature:** | | **Date:** Click or tap to enter a date. | |
| **TO BE COMPLETED BY THE SUPERVISOR/MANAGER** | | | |
| **Does the driver possess awareness and understanding of:** | | | **COMMENTS** |
| Yes/No/NA | The Carleton golf cart Policy, including any additional departmental requirements? | |  |
| Yes/No/NA | The Right Of Way? | |  |
| Yes/No/NA | Stopping obligations? | |  |
| Yes/No/NA | Passing and warning requirements? | |  |
| Yes/No/NA | Cautions for backing up? | |  |
| Yes/No/NA | Cautions for parking, including requirement to maintain safe egress? | |  |
| Yes/No/NA | Prohibitions concerning passengers? | |  |
| Yes/No/NA | Special precautions involved in towing? | |  |
| Yes/No/NA | Special precautions for carrying heavy loads? | |  |
| Yes/No/NA | Special precautions for carrying hazardous materials? | |  |
| Yes/No/NA | The requirement that any incidents involving use of golf cart is to be reported immediately to the supervisor/manager? | |  |
| **Does the driver demonstrate the following abilities?** | | | **COMMENTS** |
| Yes/No/NA | Start up of golf cart, including verification that horn and flashing light are functioning as intended | |  |
| Yes/No/NA | Forward and reverse motion, with required cautionary procedures | |  |
| Yes/No/NA | Turning of golf cart with demonstrated cautionary procedures | |  |
| Yes/No/NA | Parking of golf cart with demonstrated cautionary procedures | |  |
| Yes/No/NA | If required to tow - Hitch and unhitch of trailer, and demonstration of safe loading and towing capabilities | |  |
| **Supervisor’s Name:** | | **Employee #:** | |
| **Position:** | | **Department:** | |
| **Phone:** | | **Email:** | |
| I have reviewed the Golf Carts in Tunnels Policy with the individual listed above, and have confirmed his/her ability to operate a Carleton University Golf Cart through use of the checklist above. | | | |
| **Supervisor/Manager Signature:** | | **Date:** Click or tap to enter a date. | |