

## Carleton University Tunnel Cart Operator Approval Form

TO BE COMPLETI	ED BY THE OPERATOR		
Name:		Banner ID:	
Position:		Department:	
Phone:		Email:	
supervisor/manage accordance with the privileges and/or di aware that I am rec thatsurveillance ca Operator Signatur	r, inaddition to online operator training. e rules of operation and I understand the sciplinary action. I am puired to disclose any factors which wou meras are installed in the tunnels for the re:	Date:	ed to me in of driving
	ED BY THE SUPERVISOR/MANAGER		
COMPLETED (YES/NO/NA)		ARENESS AND LEDGE	COMMENTS
	General understanding and awarenes including anyadditional departmental		
		use inspection prior to using tunnel cart	
	Understanding and awareness of prohibitions concerning cellular devices and radios		
		ey rings, removal of keys when parked)	
	Understanding and awareness of Righ	-	
	Understanding and awareness of stop Understanding and awareness of pass		
	Understanding and awareness of caut		
		tions for parking, including requirement	
	Understanding and awareness of proh	nibitions concerning passengers	
	Understanding and awareness of spec		
	Understanding and awareness of spectoads		
	Understanding and awareness of spec materials	cial precautions for carrying hazardous	
	Confirmation that any incidents involving reported immediately to the supervisor		
COMPLETED (YES/NO/NA)	DEMONSTRA	TED ABILITIES	COMMENTS
	Completion of pre-use inspection ched	cklist for specific cart model	
	Start-up of tunnel cart, including verific light arefunctioning as intended	cation that horn and flashing	
	Forward and roverse motion, with requ	uirod cautionary procedures	



Turning of tunnel cart with demonstrated cautionary procedures	
Parking of tunnel cart with demonstrated cautionary procedures	
If required to tow - Hitch and unhitch of trailer, and demonstration of safe loadingand towing capabilities	
Completion of Tunnel Cart Safety training in Brightspace	

TO BE COMPLETED BY THE SUPERVISOR/MANAGER			
Name:	Banner ID:		
Position:	Department:		
Phone:	Email:		
I have reviewed the Tunnel Cart Policy with the individual listed above, and have confirmed his/her ability to operate a Carleton University Tunnel Cart through use of the checklist above.			
Supervisor/Manager Signature:	Date:		