Utility Cart Training
Acknowledgement Form

- *This form shall be completed for all employees prior to operating a campus utility cart.*
- *The employee's supervisor must sign and submit this form via e-mail to: ehs@tamucc.edu, prior to the employee utilizing campus utility carts.*

Date**:** _____ Department:_____

Employee's Name: _____ Ph. Ext. _____

Employees' Driver's License # (last 4 digits): _____ State:_____

Supervisor's Name: _____ Ph. Ext. _____

<u>As the Utility Cart Operator's supervisor, I confirm that</u>:

___ The operator possesses a valid and current driver's license.

___ The operator has reviewed and understands the online Utility Cart Training materials.

___ The operator has completed the online Utility Cart Training Quiz and passed with a score of 100% correct.

___ The operator has received hands-on training for proper operation and use of the utility cart.

___ The operator has demonstrated to me that they are aware of safe utility cart operating procedures, and are capable of operating a utility cart on the TAMU-CC campus.

Supervisor's Signature:_____ Date:_____