

# University of West Florida Motorized Cart Annual Safety Inspection Form

Motorized Cart Registration #: \_\_\_\_\_

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

Item	Pass	Fail	N/A	Comments
Brakes				
Tires				
Steering				
Headlights				
Taillights				
Turn Signals				
Mirror				
Seats				
Seatbelts				
Windshield				
Batteries				
Charger/Wires				
Other:				
Other:				

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

\_\_\_\_\_  
Department

Motorized Carts shall not be operated if any inspection item fails until such time as the inspection item has been repaired by a qualified technician.