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.