

# SLU Golf Cart/Utility Vehicle Safety Guidelines Acknowledgement Form

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Employee Name (print):

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ID Number:

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

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By signing below I acknowledge that: (please check all that apply)

\_\_\_\_\_ I have read and understand the Golf Cart/Utility Vehicle Safety Policy

\_\_\_\_\_ I understand the hazards associated with driving a Golf Cart/Utility Vehicle and agree to abide by the safety guidelines.

\_\_\_\_\_ I have been provided with the opportunity to ask questions related to these guidelines.

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Employee Signature

Date

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Supervisor Signature

Date

**The completed form is to be emailed to the Environmental Health & Safety Department.**

Environmental Health & Safety  
Campus Support\Warehouse Building  
EHS@stlawu.edu  
315-229-5607

