



# Cart Inspection Sheet

- Pre-Inspection
- Post-Inspection

DATE: \_\_\_\_\_

Must be completed prior to operating any cart.

\*Submit this report to your supervisor/foremen prior to operating the cart.

City / Location:	Show Name:
Company Vehicle Number:	Rental Company: Vehicle Number:

Vehicle Type: \_\_\_\_\_

Visual Inspection	Pass	Fail	Comments/Reason for Fail
Visible Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Tires	<input type="checkbox"/>	<input type="checkbox"/>	
Frame/Body	<input type="checkbox"/>	<input type="checkbox"/>	
Data Plate	<input type="checkbox"/>	<input type="checkbox"/>	
Owner's Manual	<input type="checkbox"/>	<input type="checkbox"/>	
Cart Safety Sticker (Policy)	<input type="checkbox"/>	<input type="checkbox"/>	
Modifications	<input type="checkbox"/> Modifications Noted – Red Tag the Cart and notify your supervisor		<input type="checkbox"/> None Noted

**Operational Check**

Operational Check	Pass	Fail	Comments/Reason for Fail
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Lights	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	

\*\*BEFORE you operate any cart, you must verify that you have been trained to do so

Any Visible Damage to Unit? What are the defects that need correction? Please describe here:

**Inspection Completed By****PLEASE WRITE BOTH YOUR FIRST & LAST NAMES AND PRINT CLEARLY**

Operator Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Verified By: \_\_\_\_\_

GES Supervisor/Manager Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Operator Certification Card Date Certified: \_\_\_\_\_