



NKU Utility Cart Acknowledgement Form

DEPARTMENT

Department: _____

(this form is required to be completed by all employees prior to assignment of operating a utility cart)

SUPERVISOR INFORMATION

Name: _____ Phone: _____

Signature: _____

EMPLOYEE INFORMATION AND ACKNOWLEDGEMENT

Name: _____ Date: _____

Title: _____ Phone: _____

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

- I have read the University Utility Cart Procedure
- I understand the terms and conditions of the Utility Cart Procedure
- I have been provided with the opportunity to ask questions related to this procedure
- I have completed Utility Cart Safety Training
- I possess a valid driver's license

Signature: _____ Date: _____

Utility cart acknowledgement form must be kept on file for a minimum of 3 years