



Utility Cart / Golf Cart Pre-Operation Checklist

Cart ID: _____ Date: _____ Operator Name: _____

DO NOT OPERATE AN UNSAFE CART

Inspection Item	Yes	No	N/A	Notes
Are the tires inflated to proper pressure and are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are slow-moving vehicle reflective triangles displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any visible damages or defective components of the cart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the steering functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the brakes and parking brake functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any evidence of fluid leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the horn operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all turn signals and lights functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the audible reverse alarm operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are mirrors in good condition, secured, and well adjusted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the cart tagged with maximum load capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	