



**PUBLIC SAFETY
TRAINING**
Missouri State University



TOPIC: Golf Cart/Utility Vehicle Safety Training (video)

DATE:	
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I, _____, have viewed the Missouri State University
Print

Utility Vehicle Safety Video. I understand and will comply with the stated safety practices.

DEPARTMENT OR COMPANY:	
SUPERVISORS NAME:	
TELEPHONE #:	
FAX # :	

Employee Signature_____

Witness Signature_____

Instructor's Signature:_____