

Exhibit C Utility Cart Training Record

I _____ (print name) completed utility cart training on _____ (date). I have received a copy of the Utility Cart Policy and agree to comply with all provisions of the policy. I understand that if I violate the terms of the policy, I may lose the right to operate a utility cart and/or be subject to discipline, up to and including termination.

Signature of Employee _____

Signature of Supervisor or Trainer _____

Date _____

Copy to be maintained by the Director of Business and Auxiliary Services