

**EASTERN MICHIGAN UNIVERSITY**  
**ORV SAFETY GUIDELINES**  
**ACKNOWLEDGMENT FORM**

This form shall be completed by all employees prior to operating an ORV and annually thereafter. Students shall complete this form each semester.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

EMU ID #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

By signing below I acknowledge that:

- I have read the University ORV Safety Guidelines.
- I understand the terms and conditions of the ORV Safety Guidelines.
- I have been provided with the opportunity to ask questions related to this program.
- I have received hands on instruction of the ORV's controls and functions.
- I have reviewed EMU's Power Point Program and the manufacturer's ORV Safety Video, if available.
- I possess a valid driver's license # \_\_\_\_\_

For supervisors only:

- I have read the ORV owner's manual.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**\*Keep this form in employees' file for a minimum of 3 years.**

**\*Valid for 1 year for full-time employees, 1 semester for students.**

CC Health and Safety Office, Main Parking Structure