

# EASTERN MICHIGAN UNIVERSITY ORV ACKNOWLEDGMENT FORM

Prior to the initial operation of an ORV, each employee must complete this form and then annually thereafter. Students must complete this form each semester.

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

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

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

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

Driver's License #: \_\_\_\_\_

By signing below, I acknowledge that:

- I have read the University ORV Safety Guideline.
- I understand the terms and conditions of the ORV Safety Guideline.
- 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 the employee's file for a minimum of 3 years.**

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