

Monthly Maintenance Check for Gas and Electric Carts

Cart # _____ Date _____

Checked By _____

Check all items that apply

Right front tire

Turn signals

Left front tire

Battery fluid level

Right rear tire

Windshield wipers

Left rear tire

Check oil level

Headlights

Mirrors / Horn

Brake lights

Brake pedal action

Taillights

Parking brake

List discrepancies