



Vehicle/Cart Unsafe Practice Report

Location activity observed (be specific):		Date of occurrence:	Time of occurrence:
Name of person driving the vehicle, if known: <input type="checkbox"/> Driver unknown		Cart identifier & number: Department: _____ Number: _____	
Driver's description (unnecessary if known): <input type="checkbox"/> Male <input type="checkbox"/> Female Height: _____ Weight: _____ Clothing: _____			
Passenger's description, if any: <input type="checkbox"/> Male <input type="checkbox"/> Female Height: _____ Weight: _____ Clothing: _____			
Activity observed: (check all that apply) <input type="checkbox"/> Following too close <input type="checkbox"/> Causing an unsafe condition for pedestrians <input type="checkbox"/> Unauthorized occupant in/on vehicle <input type="checkbox"/> Stop sign violation <input type="checkbox"/> Driving too fast <input type="checkbox"/> Weaving in/out of traffic <input type="checkbox"/> Driving on main walkway during restricted period <input type="checkbox"/> Parked & blocking entrance or exit to a building <input type="checkbox"/> Other (describe below): _____			
Further description of actions observed [if necessary]:			
Name of person reporting observed activity:		Date of occurrence:	Time of occurrence:
Date department having control of vehicle or cart notified:	Return requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified by:	

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