



# omni Golf Carts

32990 Interstate 10 West  
Boerne, TX 78006  
Office: 830.816.2500  
M-F 8:00am to 5:00PM  
omnigolfcarts.com

## GAS Annual Service

WO#: \_\_\_\_\_

### 25+ Point Gas Inspection

Date of Inspection: \_\_\_\_\_

#### Customer & Golf Cart Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_  
 Year: \_\_\_\_\_

#### Engine and Battery

	Checked	Comments
1. Inspect the engine for any signs of oil leaks	<input type="checkbox"/>	_____
2. Oil Change, replace oil filter	<input type="checkbox"/>	_____
3. Check and adjust valve clearance on motors that allow	<input type="checkbox"/>	_____
4. Inspect drive, starter, and generator belts. Replace?	<input type="checkbox"/>	_____
5. Check starter belt tension, Tighten if needed.	<input type="checkbox"/>	_____
6. Clean or replace air filter	<input type="checkbox"/>	_____
7. Check spark plug for wear. Replace?	<input type="checkbox"/>	_____
8. Check the fuel filter and tank for debris. Replace and or clean?	<input type="checkbox"/>	_____
9. Look for starter/generator brushes wear. Replace?	<input type="checkbox"/>	_____
10. Check the points and condenser on older models. Replace?	<input type="checkbox"/>	_____
11. Check and adjust timing, as needed, if running rough	<input type="checkbox"/>	_____
<b>12. Inspect and test the battery. Replace?</b>	<input type="checkbox"/>	_____
<b>Battery voltage _____ / Starter generator voltage</b>	<input type="checkbox"/>	_____
<b>13. Check engine compression</b>	<input type="checkbox"/>	_____

#### Tires, Suspension, Steering, Linkages & Brakes

	Checked	Comments
14. Inspect rear leaf springs/coil springs	<input type="checkbox"/>	_____
15. Inspect and lube steering, tie rods and front axle	<input type="checkbox"/>	_____
16. Check wheel bearings for excessive play	<input type="checkbox"/>	_____
17. Inspect linkages from accelerator pedal to carburetor	<input type="checkbox"/>	_____
18. Inspect Brake shoes & Hardware	<input type="checkbox"/>	_____
19. Inspect tires, inflate to proper pressure _____ psi	<input type="checkbox"/>	_____

**Directional tires** can be identified by an arrow on the sidewall of the **tire** indicating the intended rotational **direction**. **Non-directional tires** will not have this marking. Verify Tires are Rotating in the proper direction. Check for Dry Rot.

#### Driving & Appearance

	Checked	Comments
20. Verify proper parking operation	<input type="checkbox"/>	_____
21. Verify proper forward/reverse	<input type="checkbox"/>	_____
22. Check lights and warning devices	<input type="checkbox"/>	_____
23. Inspect body for damage or missing parts	<input type="checkbox"/>	_____
24. Inspect top assembly (struts, top, etc.)	<input type="checkbox"/>	_____
25. Inspect accessories (rear seat, box, speakers, radio etc.)	<input type="checkbox"/>	_____
26. Perform road test / Top speed of cart _____ MPH	<input type="checkbox"/>	_____

Additional work performed:

Comments and Recommendations:

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Inspected By

Parts Needed / Recommendations:

Quantity	Description	Part Number	Total
# _____ Note:			

Quantity	Description	Part Number	Total
# _____ Note:			

Quantity	Description	Part Number	Total
# _____ Note:			