



omni Golf Carts

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

Annual Service

20 Point Electric Inspection

WO#: _____

Date of Inspection: _____

Customer & Golf Cart Information

Name: _____ Phone Number: _____
 Address: _____
 Make: _____ Model: _____ Serial #: _____
 Year: _____ Voltage (circle): 36V 48V (8/6 Volts) 48V(6/8 Volts) 48V (4/12 Volts)
 Hour Reading: _____ Check and Clear any Error Codes: _____

Batteries & Charging System

	Checked	Comments
1. Check electrolytes level in batteries / examine battery case	<input type="checkbox"/>	_____
2. Inspect battery cables, connector and terminals	<input type="checkbox"/>	_____
3. Verify charger works and car accepts a charge	<input type="checkbox"/>	_____
4. Inspect charger receptacle and battery wires	<input type="checkbox"/>	_____
5. Inspect/tighten battery hold down clamps	<input type="checkbox"/>	_____
6. Inspect battery box	<input type="checkbox"/>	_____
7. Battery Test Performed: Discharge _____ Minutes	<input type="checkbox"/>	_____

Tires, Suspension, Steering, Linkages & Brakes

	Checked	Comments
8. Inspect rear leaf springs/coil springs	<input type="checkbox"/>	_____
9. Inspect and lube steering, tie rods and front axle	<input type="checkbox"/>	_____
10. Check wheel bearings for excessive play	<input type="checkbox"/>	_____
11. Inspect linkages (brake and accelerator)	<input type="checkbox"/>	_____
12. Inspect Brake shoes	<input type="checkbox"/>	_____
13. 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
14. Verify proper parking operation	<input type="checkbox"/>	_____
15. Verify proper forward/reverse	<input type="checkbox"/>	_____
16. Check lights and warning devices	<input type="checkbox"/>	_____
17. Inspect body for damage or missing parts	<input type="checkbox"/>	_____
18. Inspect top assembly (struts, top, etc.)	<input type="checkbox"/>	_____
19. Inspect accessories (rear seat, box, speakers, radio etc.)	<input type="checkbox"/>	_____
20. Perform road test	<input type="checkbox"/>	_____

Additional work performed:

Customer Signature

Comments and Recommendations:

Inspected By

Parts Needed / Recommendations:

Quantity	Description	Part Number	Total
# _____ Note:			

Quantity	Description	Part Number	Total
# _____ Note:			

Quantity	Description	Part Number	Total
# _____ Note:			