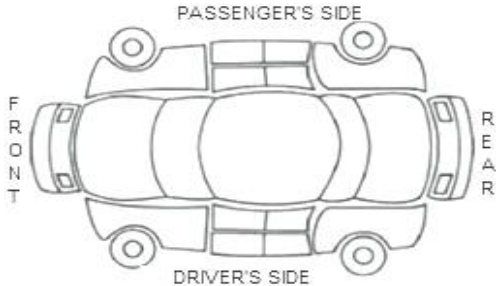


Oklahoma Department of Corrections State Vehicle Quarterly Safety Inspection

Attachment O
OP-120401

Facility:
Vehicle:
Year:
Date of Last Oil Change:

☐ Checked And OK
 ☐ May Require Attention
 ☐ Requires Immediate Attention

Interior/Exterior	
Note any exterior damage or defects on diagram	
	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exterior Body	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windshield/Glass	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wipers	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lights (Head, Brake, Turn)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Interior Lights	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AC Operation	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heating	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	

Under Hood	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine Oil	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brake Fluid	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Power Steering Fluid	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washer Fluid	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Belts & Hoses	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Antifreeze / Coolant	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Filter	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cabin Filter	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel Filter	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spark Plugs / Wires	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Battery Charge	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Battery Condition	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cables & Connections	

Date:
Odometer:
Make/Model:
Miles at Last Oil Change:

Under Vehicle	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brakes (Pads / Shoes)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brake Lines / Hoses	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering System	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shocks & Struts	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driveline (Axles / CV Shaft)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exhaust System	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel Lines & Hoses	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:	

Tires			
<input type="checkbox"/> 7/32" or Grater	<input type="checkbox"/> 3/32" to 6/32"	<input type="checkbox"/> 2/32" or less	
LF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> /32"	RF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> /32"		
LR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> /32"	RR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> /32"		
Wear Pattern / Damage LF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Air Pressure <input type="checkbox"/> TPMS Warning System LF: _____ RF: _____ LR: _____ RR: _____	Tire Check <input type="checkbox"/> Alignment <input type="checkbox"/> Balance <input type="checkbox"/> Rotation <input type="checkbox"/> New Tire	

Comments _____

Inspected By: _____

Date: _____

Facility Head: _____

Date: _____