

**Oklahoma Department of Corrections  
State Vehicle Annual Safety Inspection**

<b>Facility:</b>	<b>Date:</b>
<b>Vehicle #:</b>	<b>Odometer Reading:</b>
<b>Year:</b>	<b>Make/Model:</b>

<b>BRAKES</b>	Pass	Fail	<b>SAFETY FEATURES</b>	Pass	Fail
Failure Indicator Light	<input type="checkbox"/>	<input type="checkbox"/>	Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>
System Integrity	<input type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input type="checkbox"/>	<input type="checkbox"/>
Pedal Height	<input type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>
Disc/Drum Condition	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>
Hoses/Assembly	<input type="checkbox"/>	<input type="checkbox"/>	Interior Dome Lights	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUSPENSION</b>	Pass	Fail	Horn	<input type="checkbox"/>	<input type="checkbox"/>
Shock Absorbers/Struts	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts - Front	<input type="checkbox"/>	<input type="checkbox"/>
Springs	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts - Rear	<input type="checkbox"/>	<input type="checkbox"/>
Modification	<input type="checkbox"/>	<input type="checkbox"/>	Door Locks	<input type="checkbox"/>	<input type="checkbox"/>
Mounts	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>
<b>STEERING</b>	Pass	Fail	<b>WINDOWS/WINDSHIELD</b>	Pass	Fail
Wheel Center	<input type="checkbox"/>	<input type="checkbox"/>	Safety Glass	<input type="checkbox"/>	<input type="checkbox"/>
Free Turning	<input type="checkbox"/>	<input type="checkbox"/>	Condition	<input type="checkbox"/>	<input type="checkbox"/>
Linkage Play	<input type="checkbox"/>	<input type="checkbox"/>	<b>WIPERS/WIPER BLADES</b>	Pass	Fail
Power System	<input type="checkbox"/>	<input type="checkbox"/>	Wipers Operational	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXHAUST SYTEM</b>	Pass	Fail	Blade Contact	<input type="checkbox"/>	<input type="checkbox"/>
Leaks	<input type="checkbox"/>	<input type="checkbox"/>	Blade Condition	<input type="checkbox"/>	<input type="checkbox"/>
Muffler	<input type="checkbox"/>	<input type="checkbox"/>	<b>TIRES - FRONT</b>	Pass	Fail
Tailpipe	<input type="checkbox"/>	<input type="checkbox"/>	Tread Condition	<input type="checkbox"/>	<input type="checkbox"/>
<b>BATTERY</b>	Pass	Fail	Matching	<input type="checkbox"/>	<input type="checkbox"/>
Cables	<input type="checkbox"/>	<input type="checkbox"/>	Condition	<input type="checkbox"/>	<input type="checkbox"/>
Voltage	<input type="checkbox"/>	<input type="checkbox"/>	<b>TIRES - REAR</b>	Pass	Fail
<b>FLUIDS</b>	Pass	Fail	Tread Condition/Spare	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	<input type="checkbox"/>	Matching	<input type="checkbox"/>	<input type="checkbox"/>
Coolant	<input type="checkbox"/>	<input type="checkbox"/>	Condition	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>	<b>FUEL SYSTEM</b>	Pass	Fail
Brake Fluid	<input type="checkbox"/>	<input type="checkbox"/>	Cap Present	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEATER/AIR/DEFROST</b>	Pass	Fail	<b>LICENSE PLATE</b>	Pass	Fail
Operational	<input type="checkbox"/>	<input type="checkbox"/>	Illumination	<input type="checkbox"/>	<input type="checkbox"/>

Failed items, list the item number and corrective action:

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**Inspected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Ensure all information is recorded in AssetWorks/M-5 prior to submitting the administrator of Fleet Management.

Distribution: Administrator of Fleet Management