Oklahoma Department of Corrections
State Vehicle Monthly Safety Inspection

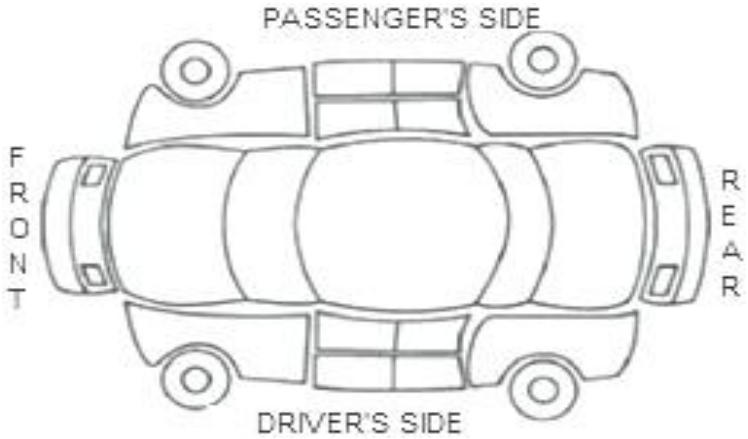
Facility:	**Date:**
Vehicle #:	**Odometer Reading:**
Year:	**Make/Model:**
Date of Last Oil Change:	**Mileage at Last Oil Change:**

	Pass	Fail		Pass	Fail
Exterior Cleanliness	☐	☐	Wipers Operational	☐	☐
Interior Cleanliness	☐	☐	Wiper Blades Condition	☐	☐
Turn Signals	☐	☐	Tires Condition/Spare Tire	☐	☐
Head Lights	☐	☐	Fuel Cap Present	☐	☐
Taillights	☐	☐	License Plate Present/Current	☐	☐
Brake Lights	☐	☐	Transmission Fluid	☐	☐
Interior Dome Lights	☐	☐	Coolant Fluid	☐	☐
Horn	☐	☐	Oil	☐	☐
Seat Belts	☐	☐	Washer Fluid	☐	☐
Door Locks	☐	☐	Brake Fluid	☐	☐
Mirrors/Windshield Condition	☐	☐	Air Conditioner Operational	☐	☐
Heater Operational	☐	☐	Defrost Operational	☐	☐

Failed items, list the item number and corrective action:

_____

_____



Comments (mark any exterior damage on the car diagram above and explain):

_____

_____

_____

All information will be entered into AssetWorks/M-5 prior to submitting to the administrator of Fleet Management.

Inspected By: _____ **Date:** _____

Facility/Unit Head Review:

Signature: _____ **Date:** _____

Distribution: Administrator of Fleet Management