

Oklahoma Alternative Fuels Vehicle Inspection Report

Alternative Fuels Program www.oklahoma.gov/labor

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28th St, 3rd Floor Oklahoma City, OK 73105 405-521-6100/888-269-5353

DATE OF REPORT:		DATE OF COI	DATE OF CONVERSION:							
VEHICLE INFORMATION										
Vehicle Owner Name:			V	VIN #:						
Year:	Make:					Model:				
Tag #:			Mileage:							
Contact Email Address:			Contact Phone Number: ()							
INSTALLER INFORMATION										
Business Name:			Certificate #:							
Technician Name:			Certificate #:							
FUEL SYSTEM INSPECTION – NFPA COMPLIANCE										
Component		Pass	Fail	Reason for Failure						
Refill Receptacle/Valve										
One Way Check Valve (as required)										
Cylinder/Tank Brackets/Mounts										
PRD or Valve and Vent Line										
Cylinder/Tank Valve Bagging (as required)										
Cylinder/Tank Cover (as required)										
High Pressure Tubing/Hose										
Low Pressure Tubing/Hose										
Fuel Line Grommets										
¼ Turn Valve (as required)										
NC Electronic/Manual Valve										
Bleeder Valve (as required)										
Fixed Liquid Level Gauge (as required)										
Lock Off Valve										
Regulator							-			
Coolant Hoses/Clamps										
Fuel Gauge (if equipped)										
Fuel Injector(s) and Rail							-			
Other Components:										
						-				
							-			
						-				

LABELING INSPECTION – NFPA AND OAC 580:55 COMPLIANCE											
Label		Pass	Fail	Summarize Findings							
Under Hood											
Fill Receptacle (as required)											
Manual Shut Off											
CNG/LPG Diamond											
Cylinder(s) or Tank(s)											
CYLINDER/TANK IDENTIFICATION (ATTACH ADDITIONAL SHEET IF NEEDED)											
Identification	Co	ontaine	r 1	Container 2	Container 3						
Manufacturer											
Serial #											
Build Date											
Expiration Date (as required)											
Water Volume											
MAWP (as required											
Comments:				•							
Inspector Name	!			Inspector Signature	Date						