



Oklahoma Alternative Fuels Vehicle Inspection Report

Alternative Fuels Program

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Melissa McLawhorn Houston, Commissioner

OKLAHOMA DEPARTMENT OF LABOR

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Oklahoma City, OK 73105

405-521-6100/888-269-5353

M-F 8:00am-4:30pm

DATE OF REPORT:	DATE OF CONVERSION:
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VEHICLE INFORMATION

Vehicle Owner Name:		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	Container 1	Container 2	Container 3
Manufacturer			
Serial #			
Build Date			
Expiration Date (as required)			
Water Volume			
MAWP (as required)			

Comments:

Inspector Name

Inspector Signature

Date