MARYLAND CAPITOL POLICE VEHICLE INSPECTION FORM

DRIVER MUST INSPECT THE ASSIGNED VEHICLE BEFORE THE VEHICLE IS MOVED. DRIVER: USE THIS CHECK LIST AS A GUIDE FOR INSPECTING THE VEHICLE.

Vehicle Tag No Odd	ometer Number:
WITH ENGINE OFF CHECK THE FOLLOWING	
ENGINE OIL WITHIN ACCEPTABLE LIMITS	
FAN BELTS TIGHT AND SHOW NO OBVIOUS DAMAGE	
COOLANT LEVEL ACCEPTABLE	
WASHER FLUID LEVEL ACCEPTABLE	
EXTERIOR OF VEHICLE CLEAN	
INTERIOR OF VEHICLE CLEAN	
WINDSHIELD WIPERS	
SEAT BELT FUNCTIONS CORRECTLY	
TIRE INFLATION	
TIRE TREAD AND SIDEWALLS SHOW NO DAMAGE	
TURN ON THE ENGINE CHECK THE FOLLOWING	5
HEADLIGHTS FUNCTION ON BOTH HI AND LO BEAM	_
TURN SIGNALS FUNCTION (Left/Right)	\neg \sqcup \sqcup \sqcup \bot
BRAKE LIGHTS FUNCTION INCLUDING THIRD BRAKE LIGH	1T \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
REVERSE LIGHTS FUNCTION	
FLUID LEAKS DISCOVERED	
HORN SOUNDS	
MIRRORS FUNCTION AND ARE CLEAN	
EMERGENCY LIGHTS AND SIREN WORK	
ANY NEW DAMAGE NOTED PRIOR TO USING THIS VEHIC	LE?
EQUIPMENT: (Note any Damage, Missing/Broken Items, et	c.) (Mark Damage with " X ")
Ok, Missing, N/A Ok, Missing, N/A	Ok, Missing, N/A
Wifi Device (MiFi)	Lock Out Kit Computer
Flares	Glass Break Tool EZ Pass
Fire Extinguisher Crime	First Aid Kit Jumper Cables (Box
Scene Tape	Crime Scene Tape Lockout Kit
NOTES : (Write any Damage, Repairs needed, Missing/Broke	n Items, etc.)
I have personally inspected the vehicle above and	have found it to be in the condition listed above.
OFFICER:	Date:
(PRINT NAME)	

SERGEANT:_____ Date:_____

(PRINT NAME)
MCP FORM 91 (05-12)