

MARYLAND CAPITOL POLICE

Monthly Motor Vehicle Inspection Form

MONTH: _____

YEAR: _____

MCP Vehicle Number: _____

Year/Make: _____

Odometer: _____

Vehicle Tag No: _____

Location: _____

INSPECTION AREA	Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent	N/A
Exterior Cleanliness						
Interior Cleanliness						
Body Damage						
Computer Equipment						
Crime Scene Tape						
Emissions Certification						
E-Z Pass						
Fire Extinguisher						
Flares						
Flex-Cuffs						
Fuel Card						
Glass Damage						
Headlights / Turn Signals						
Emergency Lights						
Horn and Siren						
Medical Kit						
Radio						
Registration Card						
Seat Belt Condition						
Spare Tire						
Trunk Appearance						
Vehicle Tags / Decals						
FLUIDS AND PRESSURE CHECKS		Acceptable	Not Accept.			
Brake Fluid (Visual Check)						
Oil						
Coolant						
Tire Pressure / Condition						
Transmission Fluid						
Windshield Wipers / Fluid						

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MCP Vehicle Number: _____ MONTH/YEAR: _____

INSPECTION AREA	COMMENTS

INSPECTED BY: _____

SIGNATURE: _____ DATE: _____

NOTE: Undocumented Damage - Complete 195 and Notify Commander Immediately.

COPIES TO: Local Fleet Coordinator
MCP Fleet Coordinator
Motor Vehicle File