

Police Patrol Vehicle Inspection Log

Date:

Officer Name/ID:

Vehicle Number/ID:

Shift:

Inspection Checklist

Item	Pass	Fail	Comments
Exterior Condition	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Lights & Sirens	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Brakes	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fuel Level	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Radio/Communication	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First Aid Kit	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fire Extinguisher	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Other Equipment	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Comments

Comments:

Officer Signature: