

NEW MEXICO STATE POLICE — OFFICER/VEHICLE INSPECTION

Mileage:

☐ No

VEHICLE (OUTSIDE)	GOOD	FAIR	POOR
1. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Glass (windshield/side/rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fourway Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Spot Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Emergency Lights (Roof/Slicktop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. State Police Decals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tire Size:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tire Condition: LF, RF, LR, RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maintenance Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Body Dents: <input type="checkbox"/> es <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Unauthorized Stickers: <input type="checkbox"/> s <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE (UNDER HOOD)	GOOD	FAIR	POOR
16. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Fan Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Radiator/Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Batter/Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Air Filter Element	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE (INSIDE)	GOOD	FAIR	POOR
22. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Brakes: (Foot/Emergency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Windshield Wipers/Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Interior Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Upholstery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Seatbelts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. All Locks Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Defroster/Heater/AC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Rear Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE (EQUIPMENT)		GOOD	FAIR	POOR
32. Siren/PA	Inv.#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Security Screen	Inv.#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Shovel -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Axe -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. First Aid Kit -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Blood Pathogen Kit	NOT ISSUED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Fire Extinguisher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Fuses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Extra Key		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Stop Stick		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Stop Sign		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Mobile Radio:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make:				

OFFICER (EQUIPMENT)	GOOD	FAIR	POOR
44. Baton/ASP Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Pepper Mace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Rain Coat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Leatherman Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Handcuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Departmental Sidearm: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Personal Sidearm: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Shotgun: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Rifle: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Back-up Weapon: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Tape Recorder: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Binoculars: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Portable Radio: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Radar: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Rola-Meter: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Pager: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Camera: Make: Sony Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Video Camera: Make: Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cell phone:

Date _____

Date _____

Date _____