

Vehicle Maintenance

702.1 POLICY HEADER

Original Effective Date:	Revised Date:
September 1, 2021	February 12, 2026
Authorization:  Jason Haberman Chief of Police	

702.2 PURPOSE AND SCOPE

The purpose of this policy is to ensure that department vehicles are appropriately maintained.

702.3 POLICY

The Mt. Lebanon Police Department will service department vehicles to ensure they remain operational and maintain their appearance, as resources allow.

702.4 GENERAL DUTIES

Members are responsible for assisting in maintaining department vehicles so that they are properly equipped, properly maintained and properly refueled and present a clean appearance.

702.5 DEFECTIVE VEHICLES

When a vehicle becomes inoperative or in need of repair that affects the safety of the vehicle, that vehicle shall be removed from service. Proper documentation, the [Vehicle/Equipment Work Order Form](#), shall be promptly completed by the member who becomes aware of the defective condition and forwarded to their appropriate supervisor for action.

Documents describing the correction of the safety issue shall be promptly filed with the vehicle history.

702.5.1 DAMAGE OR POOR PERFORMANCE

Vehicles that may have been damaged or perform poorly shall be removed from service for inspections and repairs as soon as practicable.

702.5.2 SEVERE USE

Vehicles operated under severe-use conditions, which include operations for which the vehicle is not designed or that exceed the manufacturer's parameters, should be removed from service

Mt. Lebanon Police Department

Policy Manual

Vehicle Maintenance

and subjected to a safety inspection as soon as practicable. Such conditions may include rough roadway or off-road driving, hard or extended braking, pursuits or prolonged high-speed operation.

702.5.3 REMOVAL OF WEAPONS

All firearms, weapons and control devices shall be removed from a vehicle and properly secured in the department armory prior to the vehicle being released for maintenance, service or repair.

702.6 VEHICLE EQUIPMENT

Certain items shall be maintained in all department vehicles.

702.6.1 PATROL VEHICLES

Officers shall inspect their patrol vehicle at the start of each shift and complete Form MLP #13 ([See attachment: Form MLP 13 Pre and Post Shift Equipment Check REV 9_25.pdf](#)) to confirm that all required equipment is present and functioning properly. The completed form shall be submitted to the Watch Commander at the end of the shift. Required equipment includes:

- Emergency road flares
- One roll of crime scene barricade tape
- First-aid kit and CPR mask
- Vehicle Lock Out Kit
- Fire extinguisher
- Hazardous waste disposal bag
- Traffic Cones (minimum of 4)
- Mobile Video Camera
- Computer, printers and spare paper
- Patrol Rifle with magazine in patrol ready status
- Ballistic helmet and vest

702.6.2 UNMARKED VEHICLES

Members driving unmarked department vehicles shall ensure that the following equipment, at a minimum, is in the vehicle:

- Emergency road flares
- 1 roll crime scene barricade tape
- 1 first-aid kit and CPR mask
- 1 hazardous waste disposal bag
- 1 hazardous materials emergency response handbook
- Spare tire, jack and lug wrench

Mt. Lebanon Police Department

Policy Manual

Vehicle Maintenance

702.7 VEHICLE REFUELING

Absent emergency conditions or supervisor approval, patrol vehicles should not be retired at the end of shift with less than a full tank of fuel. Vehicles shall only be refueled at the authorized location.

702.8 WASHING OF VEHICLES

Vehicles shall be kept clean at all times and, weather conditions permitting, shall be washed as necessary to maintain the professional appearance of the Department.

Members using a vehicle shall remove any trash or debris at the end of their shifts. Confidential material should be placed in a designated receptacle that has been provided for shredding this material.

Attachments

Form 61 - Vehicle - Equipment Work Order.pdf



Mt. Lebanon Police Department

Vehicle / Equipment Work Order



This form should be placed in the vehicle when it is taken for service.

Vehicle Number		Reporting Officer	
Date		Time	Vehicle Mileage

NATURE OF TROUBLE (to be completed by reporting officer)

Electrical / Lighting / Mechanical

Head Lights	<input type="checkbox"/>		Battery	<input type="checkbox"/>		Exhaust	<input type="checkbox"/>
Tail Lights	<input type="checkbox"/>		Check Engine Light	<input type="checkbox"/>		Air Conditioning	<input type="checkbox"/>
Brake Lights	<input type="checkbox"/>		AM/FM Radio	<input type="checkbox"/>		Heating	<input type="checkbox"/>
Turn Signal	<input type="checkbox"/>		Electrical – Other	<input type="checkbox"/>		Tires	<input type="checkbox"/>
Interior Lights	<input type="checkbox"/>		Engine	<input type="checkbox"/>		Windows	<input type="checkbox"/>
Dome Light	<input type="checkbox"/>		Power Steering	<input type="checkbox"/>		Doors	<input type="checkbox"/>
Spot Light	<input type="checkbox"/>		Brakes	<input type="checkbox"/>		Coolant/Radiator	<input type="checkbox"/>
Lights - Other	<input type="checkbox"/>		Transmission	<input type="checkbox"/>		Mechanical - Other	<input type="checkbox"/>

Police / Emergency Equipment

Emergency Lights	<input type="checkbox"/>		Gun Rack	<input type="checkbox"/>		Patrol Rifle	<input type="checkbox"/>
Siren	<input type="checkbox"/>		In-Car Camera	<input type="checkbox"/>		Helmet	<input type="checkbox"/>
Mobile Radio	<input type="checkbox"/>		Flashlight	<input type="checkbox"/>		Plate Carrier	<input type="checkbox"/>
MDT	<input type="checkbox"/>		Equipment Box	<input type="checkbox"/>		Gas Mask	<input type="checkbox"/>
Printer	<input type="checkbox"/>		Fire Extinguisher	<input type="checkbox"/>		Monocular	<input type="checkbox"/>
Scanner	<input type="checkbox"/>		1 st Aid Kit	<input type="checkbox"/>		Narcan Kit	<input type="checkbox"/>
Tracker	<input type="checkbox"/>		Body Worn Camera	<input type="checkbox"/>		AED	<input type="checkbox"/>

Describe the nature of the problem.

Watch Commander		Date	
-----------------	--	------	--

**Form MLP 13 Pre and Post Shift
Equipment Check REV 9_25.pdf**



Mt. Lebanon Police Department

Pre / Post Shift Equipment Check



Officer		Employee #		Shift	
Date		Day of the Week	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> H <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		
District			Assigned Vehicle		
ITEM	ITEM # (if applicable)	CHECKED	IF NOT CHECKED/DAMAGED, EXPLAIN		
TACTICAL GEAR					
Patrol Rifle, cruiser ready		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Ballistic vest/helmet		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Duty pistol		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
VEHICLE					
Vehicle Exterior		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Emergency Lights and Siren, PA System, Warning Lights		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Mobile Video Camera		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Body Worn Camera		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Computer, spare printer paper		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
First Aid Kit with CPR Mask		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Fire Extinguisher (needle in green)		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Traffic Cones (minimum of 4)		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Road Flares		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Vehicle Lock Out Kit (Big Easy, pump, wedges)		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Hobble Restraints		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Crime Scene Barricade Tape		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Hazardous Waste Disposal Bag		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Back Seat Searched – Beginning		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Back Seat Searched – End		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
OTHER					
AED – Adult/Pediatric Pads		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
NARCAN Kit		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
District Phone		Yes <input type="checkbox"/> / No <input type="checkbox"/>			
P.B.T.		Yes <input type="checkbox"/> / No <input type="checkbox"/>			