

Customer Name: _____ RO #: _____ KM: _____ Date: ___/___/___

INSPECTED AND OKAY	REQUIRES FUTURE ATTENTION	REQUIRES IMMEDIATE ATTENTION
--------------------	---------------------------	------------------------------

CHECK BODY CONDITION, LIGHTS & TIRES

Headlight Lenses

(TREAD) LF ___ PSI <input type="checkbox"/> ___/32 <input type="checkbox"/> <input type="checkbox"/>		(TREAD) RF ___ PSI <input type="checkbox"/> ___/32 <input type="checkbox"/> <input type="checkbox"/>	(TREAD) LR ___ PSI <input type="checkbox"/> ___/32 <input type="checkbox"/> <input type="checkbox"/>	(TREAD) RR ___ PSI <input type="checkbox"/> ___/32 <input type="checkbox"/> <input type="checkbox"/>
--	--	--	--	--

Turn Signals Tail lights

Comments: _____

CHECK TIRE WEAR

Rotation Needed Alignment Needed
 Balance Needed Comments: _____

CHECK WIPERS

BATTERY HEALTH CHECK

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Front wipers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windshield condition	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Battery condition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cables & connections

Comments: _____

CHECK VITAL FLUIDS

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of engine oil
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of automatic transmission fluid
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of power steering fluid
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of radiator coolant
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of brake fluid
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Windshield washer fluid

Comments: _____

INSPECTED AND OKAY	REQUIRES FUTURE ATTENTION	REQUIRES IMMEDIATE ATTENTION
--------------------	---------------------------	------------------------------

CHECK OPERATING SYSTEMS

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of air filter
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of engine drive belts and other belts
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of radiator hoses and other hoses
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of cabin air filters (based on time/mileage)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of spark plugs (based on time/mileage)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fuel system/throttle body (based on time/mileage)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of driveline fluids (based on time/mileage)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of fuel filter (based on time/mileage)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of shocks and struts
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Condition of exhaust system
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Engine or transmission Leaks
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other leaks:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Drive axle/boots
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Horn operation

Comments: _____

BRAKE INSPECTION

FRictional Material Remaining

LF <input type="checkbox"/> ___ mm's <input type="checkbox"/> <input type="checkbox"/>		RF <input type="checkbox"/> ___ mm's <input type="checkbox"/> <input type="checkbox"/>
LR <input type="checkbox"/> ___ mm's <input type="checkbox"/> <input type="checkbox"/>		RR <input type="checkbox"/> ___ mm's <input type="checkbox"/> <input type="checkbox"/>

Brake Measurements not taken this service visit

ADDITIONAL RECOMMENDED SERVICES

1. _____
2. _____
3. _____
4. _____
5. _____