

VEHICLE INSPECTION FORM

YEAR _____ MAKE _____ MODEL _____

VIN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

MILEAGE _____

ENG. SIZE _____ SOHC DIESEL OHV AUTO
 DOHC HYBRID TRANS MAN

Hubcap Missing **Y/N** Windshield Cracked **Y/N** Scratches & Dents **Y/N**

LIC # _____ STATE INSPECTION DUE _____ Month/Year

INSPECT:	VISUAL:	OK	SUG	REQ	SCHED MAINT:	WHY RECOMMENDED:
WIPER BLADES						<input type="checkbox"/> FRONT <input type="checkbox"/> REAR
HEAD LIGHTS						
MINI LIGHTS						<input type="checkbox"/> BRAKE <input type="checkbox"/> TURN SIGNAL <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> PARKING
AIR FILTER						
CABIN AIR FILTER						
PCV VALVE						
WASHER FLUID						
OIL LEVEL						
POWER STR. FLUID LEVEL						OVER 50K: Y / N
MASTER CYL. FLUID LEVEL						<input type="checkbox"/> BRAKE INSPECTION
BRAKE FLUID FLUSH						TEST STRIP FAILURE: Y / N
TRANS. SERVICE						<input type="checkbox"/> FLUSH <input type="checkbox"/> PAN SERVICE
COOLANT LEVEL FLUSH						TYPE: _____
COOLANT HOSES						<input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> BYPASS <input type="checkbox"/> HEATER
BELTS <input type="checkbox"/> "V" <input type="checkbox"/> SERP						<input type="checkbox"/> ALT <input type="checkbox"/> A/C <input type="checkbox"/> PS <input type="checkbox"/> JAP BELTS 1 2 3 4
BATTERY TEST						<input type="checkbox"/> GOOD <input type="checkbox"/> MARGINAL <input type="checkbox"/> REPLACE
BATTERY ACCESSORIES						<input type="checkbox"/> CABLE ENDS/CABLES <input type="checkbox"/> POS <input type="checkbox"/> NEG <input type="checkbox"/> HOLD DOWNS
BATTERY						<input type="checkbox"/> CORROSION <input type="checkbox"/> PREVENTATIVE
START/CHARGE TEST						
BELT TENSIONER						
SPARK PLUGS						
FUEL FILTER						
IGNITION WIRES						
VALVE COVER GASKET						
POWER STR. HOSE						<input type="checkbox"/> PRESSURE <input type="checkbox"/> RETURN
TIMING BELT						

TIRE SIZE:				SPEED RATING:		RUNS FLAT Y	
F R						TPMS Y	
INSPECT:		VISUAL:		TREAD DEPTH: (32NDS)		FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD/AWD <input type="checkbox"/>	
				OUTER INNER			
LEFT FRONT	PSI IN	PSI OUT				<input type="checkbox"/> EDGEWEAR <input type="checkbox"/> CRACKING	<input type="checkbox"/> CUPPING <input type="checkbox"/> NAILS
						<input type="checkbox"/> CUTS <input type="checkbox"/> REPAIRABLE	<input type="checkbox"/> IRREGULARITY <input type="checkbox"/> NON-REPAIRABLE
RIGHT FRONT	PSI IN	PSI OUT				<input type="checkbox"/> EDGEWEAR <input type="checkbox"/> CRACKING	<input type="checkbox"/> CUPPING <input type="checkbox"/> NAILS
						<input type="checkbox"/> CUTS <input type="checkbox"/> REPAIRABLE	<input type="checkbox"/> IRREGULARITY <input type="checkbox"/> NON-REPAIRABLE
RIGHT REAR	PSI IN	PSI OUT				<input type="checkbox"/> EDGEWEAR <input type="checkbox"/> CRACKING	<input type="checkbox"/> CUPPING <input type="checkbox"/> NAILS
						<input type="checkbox"/> CUTS <input type="checkbox"/> REPAIRABLE	<input type="checkbox"/> IRREGULARITY <input type="checkbox"/> NON-REPAIRABLE
LEFT REAR	PSI IN	PSI OUT				<input type="checkbox"/> EDGEWEAR <input type="checkbox"/> CRACKING	<input type="checkbox"/> CUPPING <input type="checkbox"/> NAILS
						<input type="checkbox"/> CUTS <input type="checkbox"/> REPAIRABLE	<input type="checkbox"/> IRREGULARITY <input type="checkbox"/> NON-REPAIRABLE
SPARE	PSI IN	PSI OUT				<input type="checkbox"/> EDGEWEAR <input type="checkbox"/> CRACKING	<input type="checkbox"/> CUPPING <input type="checkbox"/> NAILS
						<input type="checkbox"/> CUTS <input type="checkbox"/> REPAIRABLE	<input type="checkbox"/> IRREGULARITY <input type="checkbox"/> NON-REPAIRABLE
TIRE MAINT.						<input type="checkbox"/> ROTATION <input type="checkbox"/> BALANCE	
ALIGNMENT						<input type="checkbox"/> MAINTENANCE <input type="checkbox"/> TIRE WEAR	

STEERING AND SUSPENSION						
INSPECT:	VISUAL:	OK	SUG	REQ	SCHED MAINT:	WHY RECOMMENDED:
U-JOINT						<input type="checkbox"/> FRONT <input type="checkbox"/> REAR
IDLER/PITMAN ARM						<input type="checkbox"/> IDLER <input type="checkbox"/> PITMAN
CENTER LINK						
BUSHINGS						<input type="checkbox"/> CONTROL ARM <input type="checkbox"/> SWAY BAR <input type="checkbox"/> FRONT <input type="checkbox"/> REAR
LINK PINS						<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> RIGHT
TIE ROD ENDS						<input type="checkbox"/> L OUT <input type="checkbox"/> L IN <input type="checkbox"/> R OUT <input type="checkbox"/> R IN <input type="checkbox"/> SLEEVE(S)
BALL JOINTS						<input type="checkbox"/> UL UPPER <input type="checkbox"/> UR UPPER <input type="checkbox"/> LL LOWER <input type="checkbox"/> LR LOWER SPEC. _____ ACTUAL _____
RACK & PINION ASSEMBLY						
CV BOOTS						<input type="checkbox"/> L OUT <input type="checkbox"/> L IN <input type="checkbox"/> R OUT <input type="checkbox"/> R IN
CV JOINTS						<input type="checkbox"/> L OUT <input type="checkbox"/> L IN <input type="checkbox"/> R OUT <input type="checkbox"/> R IN
STRUTS						<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> RIGHT
SHOCKS						<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> RIGHT

BRAKE INSPECTION						
INSPECT:	VISUAL:	OK	SUG	REQ	SCHED MAINT:	WHY RECOMMENDED:
FRONT PADS						LF 32NDS OR % WORN _____ FRONT ABS Y / N RF 32NDS OR % WORN _____
FRONT CALIPERS						
FRONT ROTORS						LR ROTOR _____ RR ROTOR _____
MACHINE TO: _____ / DISCARD: _____						ACT: _____ ACT: _____
REAR						LF 32NDS OR % WORN _____ FRONT ABS Y / N RF 32NDS OR % WORN _____
REAR						
REAR						LR DRUM/ROTOR _____ RR DRUM/ROTOR _____
MACHINE TO: _____ / DISCARD: _____						ACT: _____ ACT: _____
HARDWARE/ADJUSTERS						<input type="checkbox"/> FRONT <input type="checkbox"/> REAR
REAR						
WHEEL BEARING REPACK BEARING/SEALS						WHEEL BEARING REPACK <input type="checkbox"/> FRONT <input type="checkbox"/> REAR BEARINGS/SEALS <input type="checkbox"/> FRONT <input type="checkbox"/> REAR
BRAKE HOSE(S)						<input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR
PARKING CABLES						<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> FRONT
EXHAUST						
EXHAUST SYSTEM						<input type="checkbox"/> INTERMEDIATE PIPE <input type="checkbox"/> MUFFLER <input type="checkbox"/> TAILPIPE

IMPROVED PERFORMANCE RECOMMENDATIONS	
BRAKE FLUSH	EVERY 2 YEARS / EVERY TIME BRAKES ARE RELINED
POWER STR. FLUSH	EVERY 50K
FUEL SYSTEM SERVICE	EVERY 12K
TRANS. FLUSH	EVERY 1-2 YEARS
WHEEL ALIGNMENT	EVERY 6 MONTHS
COOLANT FLUSH	EVERY 1-2 YEARS
WHEEL BALANCE	EVERY ROTATION (CHECK ONE WHEEL)

OK	REPAIR/REPLACEMENT SUGGESTED	REPAIR/REPLACE REQUIRED
Checked & Acceptable	<ul style="list-style-type: none"> 1 Close to end of useful life 2 Address customer request/need/convenience 3 Comply with manufacturer recommendation 4 Technician recommendation from experience 	<ul style="list-style-type: none"> A No longer performs intended purpose B Does not meet design specification C Missing

NOTES
