

MULTI-POINT VEHICLE INSPECTION

Name: _____ Year/Model: _____ Date: _____

Repair Order #: _____ VIN (last 8 digits): _____ Odometer: _____ Tag#: _____ License#: _____

Checked and OK		May Require Attention Soon		Requires Immediate Attention																						
<div> <div> WIPER BLADES Front (2 applicable): _____ Windshield condition: _____ Cracks: _____ Chips: _____ </div> <div> OnStar active: <input type="checkbox"/> Enrolled in OVD: <input type="checkbox"/> Enrolled in DMV: <input type="checkbox"/> </div> <div> Service History Check: <input type="checkbox"/> Air Conditioning Performance: _____ Remaining engine oil life: _____ % Reset: N/A </div> <div> CHECK BATTERY Battery level: _____ Battery voltage: _____ Battery age: _____ </div> </div>																										
CHECK TIRES AND TREAD DEPTH																										
<div> <div> <input type="checkbox"/> Rotation needed <input type="checkbox"/> Rotation performed </div> <div> <input type="checkbox"/> Alignment needed <input type="checkbox"/> Alignment performed </div> <div> <input type="checkbox"/> Balance needed <input type="checkbox"/> Balance performed </div> </div>																										
<div> <div> (Check both sides) (Check tempo) Lowest Tread Depth: _____ /32 </div> <div> 6/32 or Greater: <input type="checkbox"/> 7/32: <input type="checkbox"/> 6/32: <input type="checkbox"/> 5/32: <input type="checkbox"/> 4/32: <input type="checkbox"/> 3/32 or Less: <input type="checkbox"/> </div> <div> 6/32 or Greater: <input type="checkbox"/> 7/32: <input type="checkbox"/> 6/32: <input type="checkbox"/> 5/32: <input type="checkbox"/> 4/32: <input type="checkbox"/> 3/32 or Less: <input type="checkbox"/> </div> <div> 6/32 or Greater: <input type="checkbox"/> 7/32: <input type="checkbox"/> 6/32: <input type="checkbox"/> 5/32: <input type="checkbox"/> 4/32: <input type="checkbox"/> 3/32 or Less: <input type="checkbox"/> </div> <div> 6/32 or Greater: <input type="checkbox"/> 7/32: <input type="checkbox"/> 6/32: <input type="checkbox"/> 5/32: <input type="checkbox"/> 4/32: <input type="checkbox"/> 3/32 or Less: <input type="checkbox"/> </div> </div>																										
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<div> <div> ADDITIONAL CHECKS (log all for vehicle level and visit on drive) </div> <div> <input type="checkbox"/> Fuel system (also including gas cap-sealing) <input type="checkbox"/> Engine, transmission, drive axle, transfer case <input type="checkbox"/> Engine cooling system, leak/other <input type="checkbox"/> Shocks and struts - also check operation <input type="checkbox"/> Belts: engine, power steering and/or V-drive <input type="checkbox"/> Hoses: engine, power steering and HVAC <input type="checkbox"/> Engine air filter <input type="checkbox"/> Passenger Compartment Air Filter <input type="checkbox"/> Steering components and steering linkage <input type="checkbox"/> CV drive axle boots or driveshafts and U-joints <input type="checkbox"/> Exhaust system components <input type="checkbox"/> Body components lubrication </div> </div>																										
CHECK BRAKE MEASURE FRONT AND REAR LININGS																										
<div> <div> 7 mm greater: <input type="checkbox"/> 6 mm: <input type="checkbox"/> 5 mm: <input type="checkbox"/> 4 mm: <input type="checkbox"/> 3 mm/less: <input type="checkbox"/> 2 mm/less: <input type="checkbox"/> 1 mm/less: <input type="checkbox"/> </div> <div> Lowest Front Lining: _____ Lowest Rear Lining: _____ </div> </div>																										
<div> <div> <input type="checkbox"/> Brake system (also including lines, hoses and parking brake) </div> <div> Additional Recommended Services </div> </div>																										
<div> <div> 1) _____ 2) _____ 3) _____ </div> <div> Service Consultant: _____ Technician: _____ </div> </div>																										
<div> <div> <input type="checkbox"/> Restraint system component check <input type="checkbox"/> Chassis components lubrication <input type="checkbox"/> Drive Axle (leak/other) <input type="checkbox"/> Evaporative control system </div> </div>																										

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