

BRAKE AND TIRE

Left Front

Right Front

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brake Lining _____ mm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tire Tread _____ 32nds
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wear Pattern _____
	Tire Pressure PSI _____
Before _____	After _____

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brake Lining _____ mm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tire Tread _____ 32nds
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wear Pattern _____
	Tire Pressure PSI _____
Before _____	After _____

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rotor / Drum
<input type="checkbox"/>	Alignment Check Needed



<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rotor / Drum
<input type="checkbox"/>	Wheel Balance Needed

Left Rear

Right Rear

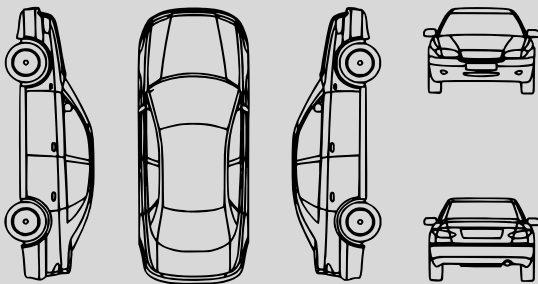
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brake Lining _____ mm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tire Tread _____ 32nds
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wear Pattern _____
	Tire Pressure PSI _____
Before _____	After _____

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brake Lining _____ mm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tire Tread _____ 32nds
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wear Pattern _____
	Tire Pressure PSI _____
Before _____	After _____

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rotor / Drum
<input type="checkbox"/>	Brake Inspection Not Performed This Visit

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rotor / Drum
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PRIOR BODY DAMAGE



X _____ X
ADVISOR CUSTOMER ACKNOWLEDGMENT

COMMENTS / ESTIMATES

CHECKED AND OKAY

MAY NEED FUTURE ATTENTION

REQUIRES IMMEDIATE ATTENTION

INTERIOR / EXTERIOR

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Lights / Tail Lights / Turn Signals / Brake Lights / Hazard Warning Lights / Exterior Lamps / License Plate Lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Washer Spray / Wiper Operation / Wiper Blades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Condition (Inspect for Cracks, Chips, or Pitting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors / Glass
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brake Adjustment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Tank Cap Gasket
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioning Filter (if equipped)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clutch Operation (if equipped)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back-up Lights Left / Right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dash Warning Lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpet / Upholstery / Floor Mats

UNDER VEHICLE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shock Absorbers / Suspension / Struts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Gear Box / Linkage and Boots / Ball Joints / Dust Covers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muffler / Exhaust Pipes / Mountings / Catalytic Converter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine Oil and/or Fluid Leaks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lines / Hoses / Parking Brake Cable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive Shaft Boots / Constant Velocity Boots / U-joints / Transmission Linkage (if equipped)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission / Differential / Transfer Case (Check Fluid Level, Fluid Condition and Fluid Leaks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Lines and Connections / Fuel Tank Band / Fuel Tank Vapor Vent Systems Hoses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect Nuts and Bolts on Body Chassis

UNDER HOOD

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluid Levels: Oil / Coolant / Battery / Power Steering / Brake Fluid / Washer / Automatic Transmission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine Air Filter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive Belts (condition and adjustment)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System Hoses / Heater Hoses / Air Conditioning Hoses and Connections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Core / Air Conditioning Condenser (if equipped)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coolant Recovery Reservoir Fluid Level / Condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clutch Reservoir Fluid / Condition (as equipped)

INTERIOR/EXTERIOR

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery Terminal / Cables / Mountings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check Condition of Battery (Storage Capacity Test)

<input type="checkbox"/> Pass	<input type="checkbox"/> Recharge Retest	<input type="checkbox"/> Fail	Factory Spec Cold Cranking Amps <input type="text"/>
			Actual Cold Cranking Amps <input type="text"/>