VEHICLE INSPECTION CHECKLIST

tekmetric

SHOP INFORMATION

Name:	Phone:	Email:	Address:

VEHICLE INFORMATION

Customer name:	Date:	Technician:

Year:	Make:	Model:	Mileage:

VIN:	License Plate:

CHECK	✓ OKAY	! MAY NEED FUTURE ATTENTION	✗ REQUIRES IMMEDIATE ATTENTION

CHECK	✓ OKAY	! MAY NEED FUTURE ATTENTION	✗ REQUIRES IMMEDIATE ATTENTION

BATTERY / ELECTRICAL

- ☐ ☐ ☐ Battery Terminals / Cables / Mountings
- ☐ ☐ ☐ Check Condition of Battery (Storage Capacity Test)

☐ Pass ☐ Recharge Retest ☐ Fail

BRAKE AND TIRE

LEFT FRONT

Before ______ After ______

Rotor / Drum

Alignment Check Needed

RIGHT FRONT

Before ______ After ______

Rotor / Drum

Wheel Balance Needed

LEFT REAR

Before ______ After ______

Rotor / Drum

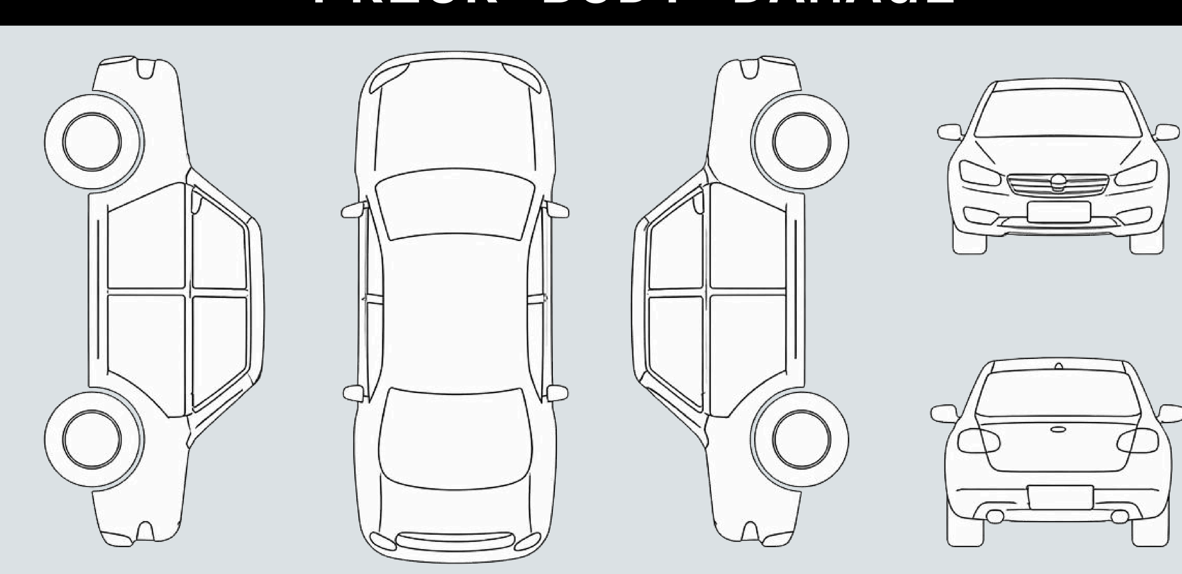
RIGHT REAR

Before ______ After ______

Rotor / Drum

☐ **Brake Inspection Not Performed This Visit**

PRIOR BODY DAMAGE



x ______________________
ADVISOR

x ______________________
CUSTOMER ACKNOWLEDGEMENT

NOTES / RECOMMENDATIONS