



Vehicle Service Inspection Checklist Form

Date _____ Mileage In _____ Mileage Out _____
 Customer Name _____
 Year _____ Make _____ Model _____
 VIN _____ Gas ¼ ½ ¾ F
 Incoming Inspection By: _____
 Outgoing Inspection By: _____

ITEM	IN	OUT	ITEM	IN	OUT
Battery			Gauges		
Brakes			Dash Lights		
Front Air Conditioning			Suspension Noises		
Rear Air Conditioning			Other Chassis Problems		
Heater			Radio		
Speakers/Radio			Carpet		
Walls			Headliner		
Jacks/Tools			Door Locks		
Power Window – Driver Side			Power Window – Passenger Side		
Sun Visors			Dome Lights		
Headlights			Tail Lights		
Brake Lights			Directional's		
Adaptive Equipment:					
Lift			Lift Control		
Magnet Entry			Hand Control		
Power Door Opener			Power Parking Brake		
List Other Equipment:					
Antenna(s)			Inside Mirror		
Aux. Battery			Cell Phone		
Vehicle Side Mirrors			Passenger's Seat		
Driver's Seat			Rear Seat		
2 nd Row Driver's Seat			2 nd Row Passenger's Seat		
Cargo Door			Wash/Wiper		
Spare Tire			Power Steering		
Television			Cruise Control		

Key: OK (Passed Inspection) X (Not Acceptable) N/A (Not Applicable)
 Notes: _____

PLEASE READ CAREFULLY BEFORE SIGNING: In understand that this checklist reflects the general condition of my vehicle when released to *Dealer Name* Here, Inc. for service but does not include mention of any hidden defects. Should such defects appear/be found during the service of my vehicle, I instruct *Dealer Name* Here, Inc. to contact me, or my representative, for authorization to repair any defect that would affect the proper and safe completion/operation of said service, provided it is in their capacity to repair. My authorization gives *Dealer Name* Here, Inc. permission to make the necessary repairs at my expense. I also understand that these additional repairs may cause some delay in completion of my service. I further understand that some, or possibly all, of the gasoline in my vehicle will be used to move my vehicle in and about your premises for road testing and reasonable additional mileage will be accrued.

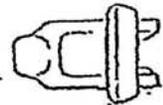
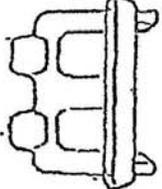
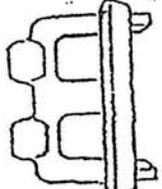
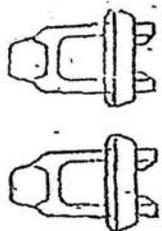
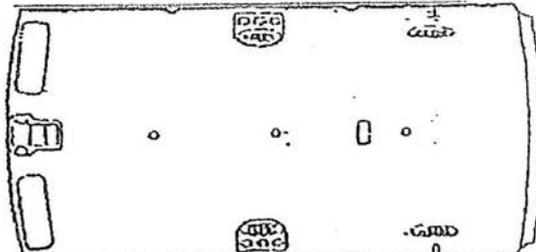
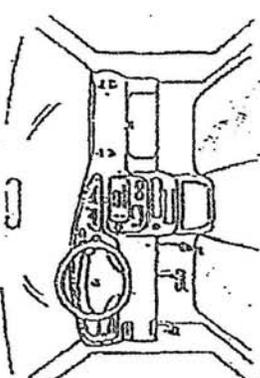
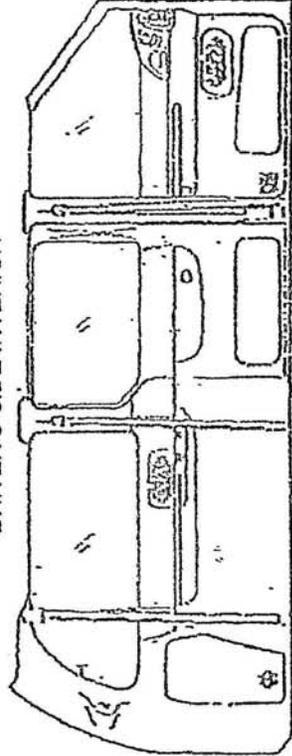
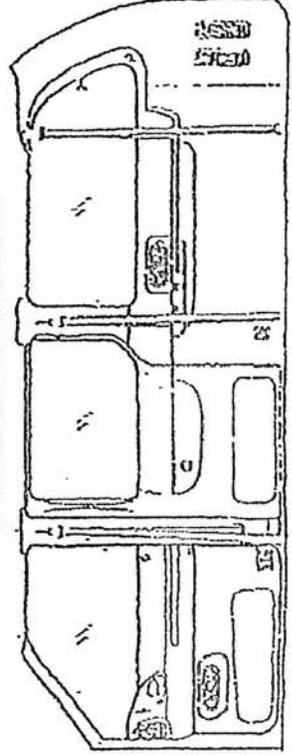
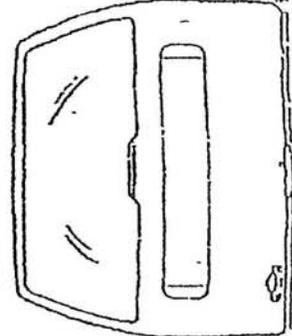
Customer/Representative Signature: _____
 Inspector: _____ Date: _____



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DATE		SERIAL		DESCRIPTION	
W.O.		VIN		DESCRIPTION	CODE
CODE	DESCRIPTION	CODE	DESCRIPTION	DESCRIPTION	DESCRIPTION
B	Burn	D	Dent	Paint Imperfection	P
C	Chip	G	Ding	Rip/Tear	R
M	Color Match	O	Overspray	Smudge/Mark	U
K	Crack	S	Scratch	Stress Mark	T

NOTE: USE RED INK FOR CHECK-IN; USE BLACK INK FOR OTHER.

PASS. SEAT	DRIVER'S SEAT	CENTER BENCH SEAT	REAR BENCH SEAT	CENTER QUAD SEATS
				
HEADLINER (FRONT)	DASHBOARD	DRIVER'S SIDE INTERIOR	PASSENGER SIDE INTERIOR	REAR HATCH
				



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