



# VEHICLE INSPECTION

INSPECTION POINT	PASS	FAIL
<b>1 Foot brakes (pads/shoes thickness)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Min. per manufacturer	_____	
Right foot	Measurements	_____
Left foot	Measurements	_____
Right rear	Measurements	_____
Left rear	Measurements	_____
<b>2 Emergency brake (parking brake)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3 Steering mechanism</b>	<input type="checkbox"/>	<input type="checkbox"/>
Ball joints	<input type="checkbox"/>	<input type="checkbox"/>
Tie rods	<input type="checkbox"/>	<input type="checkbox"/>
Rack & pinion	<input type="checkbox"/>	<input type="checkbox"/>
Bushings	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 Windshield</b>	<input type="checkbox"/>	<input type="checkbox"/>
Large crack (Great than 1") = Fail		
Small crack (Smaller than 1") = Pass		
<b>5 Rear window and other glass</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6 Windshield wipers</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7 Headlights</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8 Tail lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9 Turn indicator lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10 Stop lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11 Front seat adjustment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12 Doors (open, close, lock)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13 Horn</b>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION POINT	PASS	FAIL
<b>14 Speedometer and warning lights</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15 Bumpers</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16 Muffler and exhaust system</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17 Tires, incl. tread depth</b>	<input type="checkbox"/>	<input type="checkbox"/>
Right front	[32nd's / in]	_____
Left front	[32nd's / in]	_____
Right rear	[32nd's / in]	_____
Left rear	[32nd's / in]	_____

<b>18 Interior and exterior rear view mirrors</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19 Safety belts for driver and passenger(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>

**VEHICLE INSPECTION**

(Please circle) **PASS** **FAIL**

OWNER NAME \_\_\_\_\_ OWNER EMAIL ADDRESS \_\_\_\_\_

OWNER SIGNATURE \_\_\_\_\_ OWNER PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY INSPECTOR**

LICENSE PLATE # \_\_\_\_\_ VIN# \_\_\_\_\_ VEHICLE MILEAGE \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_

INSPECTOR COMPANY AND ADDRESS \_\_\_\_\_ ASE ID NUMBER \_\_\_\_\_

INSPECTOR NAME \_\_\_\_\_ INSPECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_