

SERIOUS

FLEET AND AUTOMOTIVE


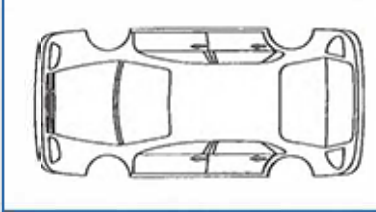

Name: _____ Year/Model: _____ Date: _____


Repair Order #: _____ VIN (last 8 digits): _____ Odometer: _____ MI: _____ MII: _____

Checked and OK **May Require Attention Soon** **Requires Immediate Attention**

INTERIOR

Remaining engine oil life: _____ % Reset: _____ N/A: _____
 Air Conditioning Performance

WIPER BLADES		CHECK TIRES AND TREAD DEPTH (Check body condition)		CHECK BATTERY
 <p>LF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windshield condition Cracks _____ Chips _____</p>		<p>8/32 or Greater <input type="checkbox"/> 7/32 to 4/32 <input type="checkbox"/> 3/32 or Less <input type="checkbox"/></p> <p>PSI@: _____ set to: _____ PSI</p> <p>8/32 or Greater <input type="checkbox"/> 7/32 to 4/32 <input type="checkbox"/> 3/32 or Less <input type="checkbox"/></p> <p>PSI@: _____ set to: _____ PSI</p> <p><input type="checkbox"/> Rotation needed <input type="checkbox"/> Alignment needed <input type="checkbox"/> Rotation performed <input type="checkbox"/> Alignment performed</p> <p>Wear Pattern/Damage LF <input type="checkbox"/> LR <input type="checkbox"/></p>		<p>8/32 or Greater <input type="checkbox"/> 7/32 to 4/32 <input type="checkbox"/> RF <input type="checkbox"/></p> <p>3/32 or Less <input type="checkbox"/></p> <p>PSI@: _____ set to: _____ PSI</p> <p>8/32 or Greater <input type="checkbox"/> 7/32 to 4/32 <input type="checkbox"/> RR <input type="checkbox"/></p> <p>3/32 or Less <input type="checkbox"/></p> <p>PSI@: _____ set to: _____ PSI</p> <p><input type="checkbox"/> Balance needed <input type="checkbox"/> Balance performed <input type="checkbox"/> Balance needed <input type="checkbox"/> Balance performed</p> <p>RF <input type="checkbox"/> RR <input type="checkbox"/></p>
		 <p>(Check lamps) Lowest Tread Depth: _____ /32</p>		 <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Battery condition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Battery cables and connections</p>

CHECK FLUID LEVELS			CHECK BRAKES / MEASURE FRONT AND REAR LININGS		
OK	FILLED	REQUIRES ATTENTION			
<input type="checkbox"/>	<input type="checkbox"/> Engine oil	<input type="checkbox"/>	 <p>7 mm (9/32) or greater <input type="checkbox"/> RF <input type="checkbox"/></p> <p>6 mm (8/32) to 4 mm (5/32) <input type="checkbox"/></p> <p>3 mm (4/32) or less <input type="checkbox"/></p> <p>4 mm (5/32) or greater <input type="checkbox"/> RR <input type="checkbox"/></p> <p>3 mm (4/32) <input type="checkbox"/></p> <p>2 mm (3/32) or less <input type="checkbox"/></p> <p>Lowest Front Lining _____ Lowest Rear Lining _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brake system (also including lines, hoses and parking brake)</p>		
<input type="checkbox"/>	<input type="checkbox"/> Brake fluid reservoir	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/> Transmission (if equipped w/dipstick)	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/> Coolant recovery reservoir	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/> Power steering	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/> Windshield washer	<input type="checkbox"/>			

ADDITIONAL CHECKS	Additional Recommended Services
Inspect for visible leaks:	1) _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel system (also including gas cap seating)	2) _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine, transmission, drive axle, transfer case	3) _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine cooling system	4) _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shocks and struts – also check operation	5) _____
Inspect visual condition:	6) _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Belts: engine, accessory, serpentine, and/or V-drive	7) _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hoses: engine, power steering and HVAC	8) _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine air filter and cabin air filters	Service Consultant: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering components and steering linkage	Technician: _____ No.: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CV drive axle boots or driveshafts and U-joints	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exhaust system components	

SIMPLIFIED MAINTENANCE

MI Required Performed MII Required Performed