

Certified Limited Warranty INSPECTION CHECKLIST



Year	Make	Model	VIN #
Date of Inspection			Stock #
Inspected By			Odometer

ENGINE OK Repaired

AT IDLE	OIL	UNDER LOAD	COOLANT
<input type="checkbox"/> Excess smoke	<input type="checkbox"/> Leaks	<input type="checkbox"/> Excess smoke	<input type="checkbox"/> Leaks
<input type="checkbox"/> Valve noise	<input type="checkbox"/> Contamination	<input type="checkbox"/> Engine noise	<input type="checkbox"/> Contamination
<input type="checkbox"/> Bearing noise	<input type="checkbox"/> Oil/filter changed	<input type="checkbox"/> Misfire	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Driveability	

TRANSMISSION OK Repaired

<input type="checkbox"/> Leaks	<input type="checkbox"/> Slips in gear
<input type="checkbox"/> Burnt fluid/contamination	<input type="checkbox"/> Excess noise
<input type="checkbox"/> Delay	<input type="checkbox"/> Fluid change: <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> No passing gear	<input type="checkbox"/> Other _____
<input type="checkbox"/> Poor shifting	

DRIVE AXLE ASSEMBLY OK Repaired

<input type="checkbox"/> Bearing noise	<input type="checkbox"/> U-joints/Drive shaft
<input type="checkbox"/> Gear noise	<input type="checkbox"/> C-V joints/Boots
<input type="checkbox"/> Leaks	<input type="checkbox"/> Other _____

FUEL SYSTEM OK Repaired

<input type="checkbox"/> Turbocharger/Supercharger	
<input type="checkbox"/> Fuel injectors (Diesel)	
<input type="checkbox"/> Leaks	<input type="checkbox"/> Other _____

COOLING SYSTEM OK Repaired

<input type="checkbox"/> Water pump	<input type="checkbox"/> Fluid change: <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Electric Coolant Pump	
<input type="checkbox"/> Leaks	<input type="checkbox"/> Other _____

HYBRID VEHICLE OK Repaired

AT IDLE - <i>Electric Motor Assembly, Electronic Transmission-Transaxle, Electric Traction-Drive Motor Assembly</i>	UNDER LOAD - <i>Electric Motor Assembly, Electronic Transmission-Transaxle, Electric Traction-Drive Motor Assembly</i>
<input type="checkbox"/> Bearing noise <input type="checkbox"/> Vibration	<input type="checkbox"/> Bearing noise <input type="checkbox"/> Vibration

TYPE OF DRIVE FWD RWD AWD 4WD

TYPE OF ENGINE 4 Cyl 5 Cyl 6 Cyl 8 Cyl

Other Diesel Turbo Turbo Diesel Supercharged

Has vehicle been equipped with a snow plow?
 Yes No

Has vehicle been equipped with a trailer hitch?
 Yes No

Remarks: _____

The above inspections and tests have been performed. All necessary corrections and repairs have been completed, and vehicle has been determined to be in acceptable mechanical condition. If repaired, attach copy of repair order.

Signed: _____ Dealership Name: _____

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