

Customer Name:

Vehicle Make:

Vehicle Model:

Year:

VIN:

Mileage:

Registration No:

Inspection Date:

Inspection Checklist (OK / Needs Attention)

Engine	OK	Needs Attention
Transmission	OK	Needs Attention
Clutch	OK	Needs Attention
Turbo / Intake	OK	Needs Attention
Exhaust	OK	Needs Attention
Brakes	OK	Needs Attention
Suspension	OK	Needs Attention
Steering	OK	Needs Attention
Electrical Systems	OK	Needs Attention
Battery	OK	Needs Attention
Tires	OK	Needs Attention
Wheels	OK	Needs Attention
Interior	OK	Needs Attention
Exterior	OK	Needs Attention
Lights	OK	Needs Attention
AC / Climate	OK	Needs Attention

Additional Notes:

Inspector Name: