

[YOUR BUSINESS NAME]

VEHICLE INSPECTION FORM

As received, before service — check what you looked at; write the rest below

Customer: _____ Phone: _____ Date / time in: _____

Vehicle (year / make / model / color): _____

License plate: _____ VIN (last 8): _____ Odometer: _____

Fuel (circle): E · $\frac{1}{4}$ · $\frac{1}{2}$ · $\frac{3}{4}$ · F Keys received: Y / N (how many: ____) Photos taken: ____

EXTERIOR — WALK AROUND, FRONT TO REAR

- ☐ Front bumper, grille and license plate
- ☐ Hood, roof, sunroof and antenna
- ☐ Windshield — chips, cracks, wiper marks
- ☐ Driver side — front fender, doors and mirror
- ☐ Driver side — rear quarter panel
- ☐ Passenger side — front fender, doors and mirror
- ☐ Passenger side — rear quarter panel
- ☐ Trunk or tailgate and rear bumper
- ☐ Rear window and tail lights
- ☐ Headlights and fog lights — cloudy, cracked, moisture inside
- ☐ Paint — scratches, chips, swirl marks, fading, dents and dings
- ☐ Trim, badges, decals, wraps and any convertible top or tonneau cover

WHEELS AND TIRES

- ☐ Rims — curb rash, scratches, missing center caps
- ☐ Tires — tread, sidewall damage, pressure warning
- ☐ Hubcaps and lug nuts all present
- ☐ Wheel lock key received (if there is one)

INTERIOR

- ☐ Driver seat — tears, stains, burns, wear
- ☐ Passenger and rear seats
- ☐ Carpets and floor mats
- ☐ Headliner, sun visors, dashboard, console, screen and door panels
- ☐ Steering wheel, shifter and pedals

- ☐ Trunk or cargo area and spare tire
- ☐ Odors — smoke, pets, mildew, fuel
- ☐ Child seats installed (noted, not moved)

WORKS AS RECEIVED — CHECK ONLY WHAT YOU TESTED

- ☐ Vehicle starts and runs
- ☐ Warning lights on the dash (note which)
- ☐ Windows, door locks, mirrors and seats
- ☐ Radio, infotainment, air conditioning and heat
- ☐ Wipers, washers, horn, headlights and turn signals

PERSONAL ITEMS AND KEYS

- ☐ Items left in the vehicle listed below; valuables removed by the customer
- ☐ Glove box and console checked with the customer
- ☐ Garage opener, toll tag and parking pass noted

DAMAGE AND MARKS NOTED BEFORE SERVICE

1. Where: _____ What: _____ Photo #: _____

2. Where: _____ What: _____ Photo #: _____

3. Where: _____ What: _____ Photo #: _____

PERSONAL ITEMS LEFT IN THE VEHICLE

RECORD

Walk-around done by: _____ Date / time: _____

Returned to customer — date / time: _____ Checked by: _____

This form records the vehicle's condition when it was received and when it was returned. It is not a state safety, emissions or roadworthiness inspection. Keep it with the photos and the invoice.

[Your business name] · [Your phone] · [Your website]