

VEHICLE INSPECTION

INSPECTION POINT	PASS	FAIL
1 Foot brakes (pads/shoes thickness)	<input type="checkbox"/>	<input type="checkbox"/>
Min. per manufacturer	_____	
Right foot	Measurements	_____
Left foot	Measurements	_____
Right rear	Measurements	_____
Left rear	Measurements	_____
2 Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>
3 Steering mechanism	<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"/>
4 Windshield	<input type="checkbox"/>	<input type="checkbox"/>
Large crack (Greater than 1") = Fail		
Small crack (Smaller than 1") = Pass		
5 Rear window and other glass	<input type="checkbox"/>	<input type="checkbox"/>
6 Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>
7 Headlights	<input type="checkbox"/>	<input type="checkbox"/>
8 Tail lights	<input type="checkbox"/>	<input type="checkbox"/>
9 Turn indicator lights	<input type="checkbox"/>	<input type="checkbox"/>
10 Stop lights	<input type="checkbox"/>	<input type="checkbox"/>
11 Seats (secure, undamaged, front adjusts)	<input type="checkbox"/>	<input type="checkbox"/>
12 Doors (open, close, lock)	<input type="checkbox"/>	<input type="checkbox"/>
13 Horn	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION POINT	PASS	FAIL
14 Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
15 Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
16 Muffler and exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
17 Tires, incl. tread depth	<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]	_____
*Vehicle includes flat tire kit: inflator/sealant kit or tire jack, handle, lug wrench set		
18 Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
19 Safety belts and air bags	<input type="checkbox"/>	<input type="checkbox"/>
20 Drivetrain	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	<input type="checkbox"/>
Universal joints	<input type="checkbox"/>	<input type="checkbox"/>
21 Axles, wheels, ball joints	<input type="checkbox"/>	<input type="checkbox"/>
22 Wheelchair accessible vehicles (ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
Ramp equipped		
Shoulder seat belt		
Securement devices		

VEHICLE INSPECTION

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

DRIVER NAME	DRIVER EMAIL ADDRESS
DRIVER SIGNATURE	DRIVER 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

* BY SIGNING ABOVE, INSPECTOR VERIFIES THAT THIS INSPECTION WAS COMPLETED BY A TECHNICIAN THAT HOLDS VALID CERTIFICATES OF COMPETENCY ISSUED BY THE NATIONAL INSTITUTE FOR AUTOMOTIVE SERVICE EXCELLENCE IN THE SPECIFIC AREAS NEEDED TO PERFORM THIS VEHICLE INSPECTION OR IS CURRENTLY CERTIFIED AS A MASTER AUTOMOBILE TECHNICIAN.

DRIVER INSTRUCTIONS: ALL FIELDS ON THIS FORM MUST BE COMPLETED. EMAIL SCAN OR PHOTOGRAPH OF FORM TO APPLY@SIDE.CR