



W.O. #: _____

Customer: _____

Vehicle: _____

PEACE OF MIND INSPECTION

G Good - Checked and OK **A** Acceptable - Will require further replacement **D** Defective - Immediate attention required

TIRES	G	A	D	COMMENTS	ELECTRICAL	G	A	D	COMMENTS
<input type="checkbox"/> L.F. Tire					<input type="checkbox"/> Battery				
<input type="checkbox"/> R.F. Tire					<input type="checkbox"/> Wipers				
<input type="checkbox"/> L.R. Tire					<input type="checkbox"/> Washers				
<input type="checkbox"/> R.R. Tire					<input type="checkbox"/> Horn				
<input type="checkbox"/> Spare					<input type="checkbox"/> Power Windows				
<input type="checkbox"/> Rotate Tires					<input type="checkbox"/> Power Locks				
COOLING	G	A	D	COMMENTS	LIGHTS	G	A	D	COMMENTS
<input type="checkbox"/> Hoses & Clamps					<input type="checkbox"/> L.F. Headlamp				
<input type="checkbox"/> Water Pump					<input type="checkbox"/> R.F. Headlamp				
<input type="checkbox"/> Radiator & Cap					<input type="checkbox"/> L.F. Park Lamp				
<input type="checkbox"/> Fan & Belts					<input type="checkbox"/> R.F. Park Lamp				
<input type="checkbox"/> Air Conditioning					<input type="checkbox"/> L.F. Turn Signal				
<input type="checkbox"/> Coolant Condition					<input type="checkbox"/> R.F. Turn Signal				
FLUID LEVELS	G	A	D	COMMENTS	<input type="checkbox"/> R.R. Park Lamp				
<input type="checkbox"/> Auto Trans Fluid					<input type="checkbox"/> L.R. Park Lamp				
<input type="checkbox"/> Brake Fluid					<input type="checkbox"/> R.R. Turn Signal				
<input type="checkbox"/> Power Steering					<input type="checkbox"/> L.R. Turn Signal				
<input type="checkbox"/> Windshield Washer					<input type="checkbox"/> L. Brake Light				
<input type="checkbox"/> Coolant Level					<input type="checkbox"/> R. Brake Light				
<input type="checkbox"/> Engine Oil Level					<input type="checkbox"/> 3rd Brake Light				
BRAKES	G	A	D	COMMENTS	<input type="checkbox"/> L. Backup Light				
<input type="checkbox"/> Front Brakes					<input type="checkbox"/> R. Backup Light				
<input type="checkbox"/> Rear Brakes					<input type="checkbox"/> Other Ext. Lights				

ADDITIONAL COMMENTS: _____

WHITE ROCK: 604-535-9228 / ABBOTSFORD: 604-859-9223

TECHNICIAN'S SIGNATURE: _____ DATE: _____

This Inspection is for your information only and is not intended as a guarantee or warranty.