


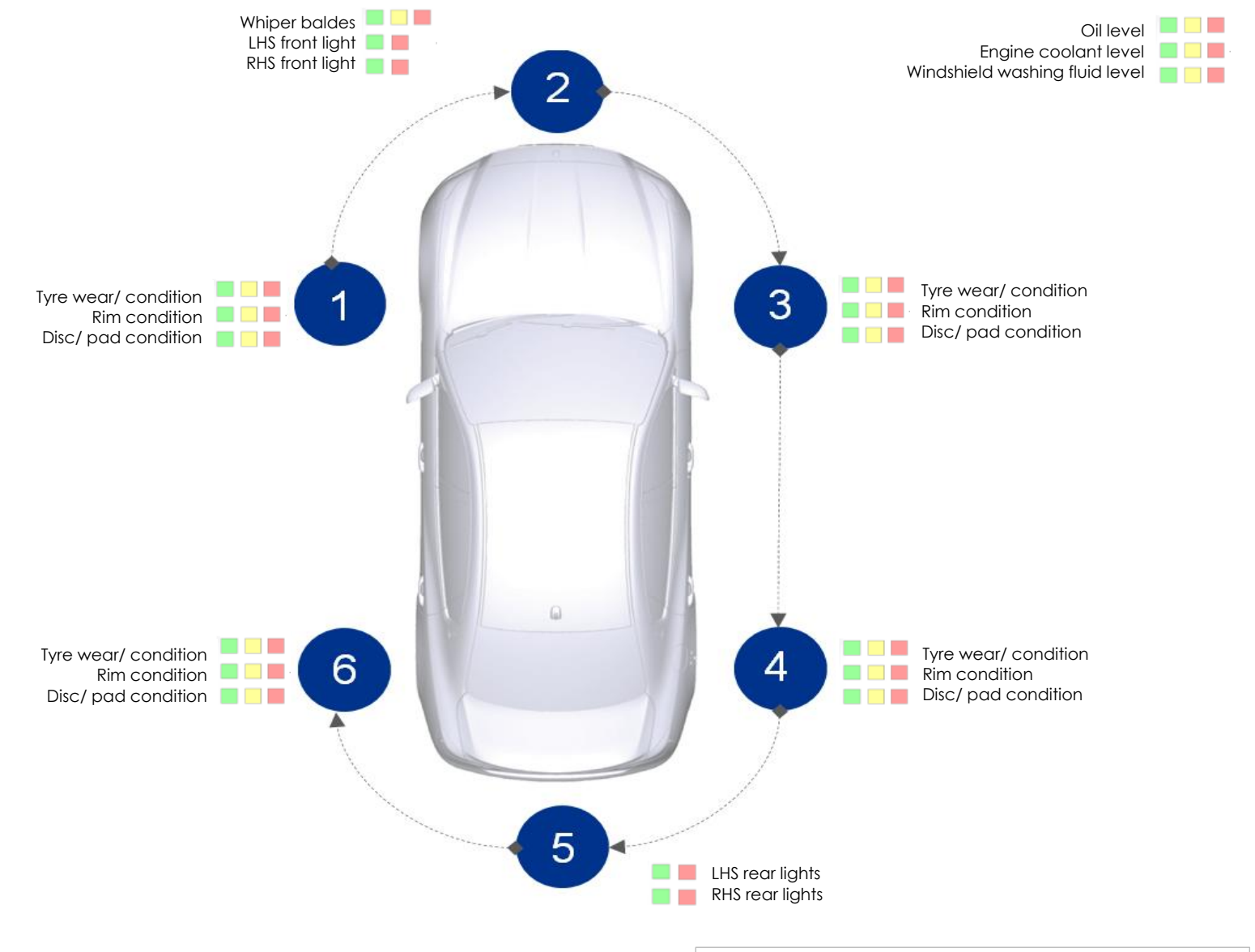


WALK-AROUND CHECKLIST

Date IN	
Customer Name	
Vehicle Model	
Plate Number	
VIN	
Repair Order N.	
KM/ M	
 Refueling requested	NO YES <input type="checkbox"/> <input type="checkbox"/>
Cleaning required	NO YES NO YES
Inside	<input type="checkbox"/> <input type="checkbox"/> Outside <input type="checkbox"/> <input type="checkbox"/>
Warning light(s) ON	NO YES (Specify) <input type="checkbox"/> <input type="checkbox"/>
Stored messages	NO YES (Specify) <input type="checkbox"/> <input type="checkbox"/>
Courtesy car	NO YES <input type="checkbox"/> <input type="checkbox"/>
Expected delivery date	

Extra / Notes

Service Advisor (Name and signature)
Customer signature



LEGEND

- Checked and OK
- Will need future attention
- Not OK, replacement/ repair needed

External body damages	NO YES <input type="checkbox"/> <input type="checkbox"/> (specify location)
Windows damages	NO YES <input type="checkbox"/> <input type="checkbox"/> (specify location)