

Maxi Van Vehicle Inspection Sheet



Vehicle No.:

Production:

CHECK-OUT CHECK-IN

| | | | | |
|---------------------|-----|----|-----|----|
| CLEAN INSIDE | YES | NO | YES | NO |
| CLEAN OUTSIDE | YES | NO | YES | NO |
| REG/INSURANCE | YES | NO | YES | NO |
| LICENSE PLATES/TAGS | YES | NO | YES | NO |
| SPARE TIRE | YES | NO | YES | NO |

EXTERIOR

| | | | | |
|---------------------|----|-----|----|-----|
| PASS SIDE BODY | OK | DAM | OK | DAM |
| DRIVERS SIDE BODY | OK | DAM | OK | DAM |
| FRONT END BODY | OK | DAM | OK | DAM |
| REAR END BODY | OK | DAM | OK | DAM |
| ROOF | OK | DAM | OK | DAM |
| WINDSHIELD | OK | DAM | OK | DAM |
| WINDOWS | OK | DAM | OK | DAM |
| PASS SIDE MIRROR | OK | DAM | OK | DAM |
| DRIVERS SIDE MIRROR | OK | DAM | OK | DAM |
| TIRES/WHEELS FRONT | OK | DAM | OK | DAM |
| TIRES/WHEELS REAR | OK | DAM | OK | DAM |
| GAS CAP | OK | NO | OK | NO |

INTERIOR

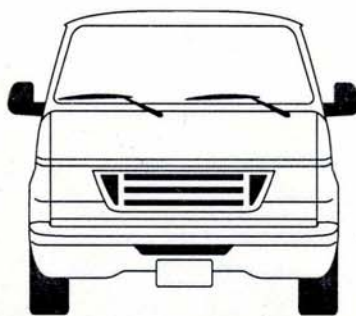
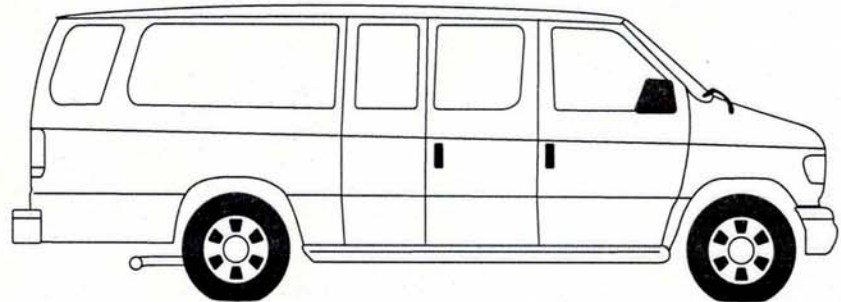
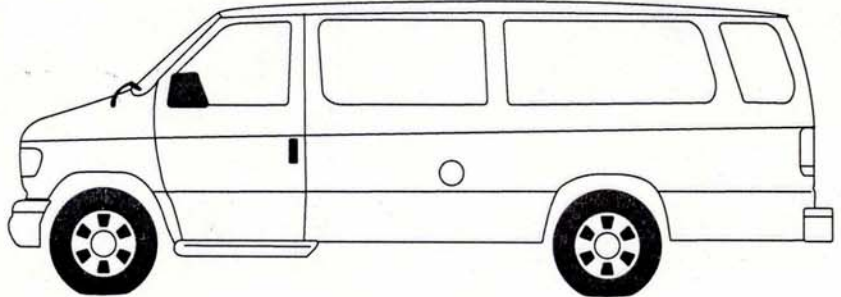
| | | | | |
|-----------------|----|----|----|----|
| HORN | OK | NO | OK | NO |
| DASH | OK | NO | OK | NO |
| INTERIOR MIRROR | OK | NO | OK | NO |
| GAUGES | OK | NO | OK | NO |
| RADIO/CD/CASS | OK | NO | OK | NO |
| WIPERS | OK | NO | OK | NO |
| FRONT SEATS | OK | NO | OK | NO |
| ROW 1 SEATS | OK | NO | OK | NO |
| ROW 2 SEATS | OK | NO | OK | NO |
| ROW 3 SEATS | OK | NO | OK | NO |
| ROW 4 SEATS | OK | NO | OK | NO |
| CARPET/FLOORS | OK | NO | OK | NO |
| HEADLINER | OK | NO | OK | NO |

MECHANICAL

| | | | | |
|----------------|-----|-----|-----|----|
| OIL | OK | NO | OK | NO |
| TRANS FLUID | OK | NO | OK | NO |
| BRAKE FLUID | OK | NO | OK | NO |
| WATER/COOLANT | OK | NO | OK | NO |
| ENGINE BELTS | OK | NO | OK | NO |
| BATTERY | OK | NO | OK | NO |
| HEATER/AC | OK | NO | OK | NO |
| LIGHTS | OK | NO | OK | NO |
| TURN SIGNALS | OK | NO | OK | NO |
| REVERSE LIGHTS | OK | NO | OK | NO |
| HAZARD LIGHTS | OK | NO | OK | NO |
| FUEL TANK | 1/4 | 1/2 | 3/4 | F |

NO SMOKING IN VEHICLE

PLEASE NOTE ON DIAGRAM AN **S**=SCRATCH **D**=DENT **O**=OTHER **NA**=NOT APPLICABLE



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WRITE IN MILEAGE

OUT:

IN:

NOTES:

NO SMOKING IN VEHICLE

CUSTOMER CHECK-OUT SIGNATURE: _____ DATE _____

CUSTOMER CHECK-IN SIGNATURE: _____ DATE _____

INSPECTOR CHECK-OUT SIGNATURE: _____ DATE _____

INSPECTOR CHECK-IN SIGNATURE: _____ DATE _____