

Multi-Point Inspection Report Card as Recommended by Ford Motor Company

Name: _____

Today's Date: _____ RO/Tag: _____ State Inspec. Month: _____

E-Mail Address: _____

Make/Model/Year: _____ Mileage: _____

VIN #: _____ Plate #: _____

SCHEDULED MAINTENANCE ITEMS DUE FOR SERVICING ON THIS VISIT*			
DUE	SERVICED	DUE	SERVICED
<input type="checkbox"/> Cabin Air Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/> Oil Filter	<input checked="" type="checkbox"/>
<input type="checkbox"/> Engine Air Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/> Spark Plugs	<input checked="" type="checkbox"/>
<input type="checkbox"/> Engine Coolant	<input type="checkbox"/>	<input type="checkbox"/> Tire Rotation	<input checked="" type="checkbox"/>
<input type="checkbox"/> Fuel Filter	<input type="checkbox"/>	<input type="checkbox"/> Transmission Filter	<input type="checkbox"/>
<input type="checkbox"/> Oil Change	<input checked="" type="checkbox"/>	<input type="checkbox"/> Transmission Fluid	<input checked="" type="checkbox"/>

*This is only a partial list of vehicle maintenance items and is NOT all-inclusive. Please consult your Owners Manual or visit www.genuineservice.com for vehicle specific maintenance requirements.

CHECK FLUID LEVELS AND FILL		SERVICED
<input checked="" type="checkbox"/> Oil and/or fluid leaks		<input type="checkbox"/>

<input type="checkbox"/> OK <input type="checkbox"/> FILL Engine Oil	<input type="checkbox"/> OK <input type="checkbox"/> FILL Power Steering	<input type="checkbox"/> OK <input type="checkbox"/> FILL Transmission (if equipped with dipstick)
<input type="checkbox"/> Brake Reservoir	<input type="checkbox"/> Window Washer	<input type="checkbox"/> Coolant Recovery Reservoir

BATTERY		SERVICED
State of Health	Battery Condition	<input type="checkbox"/>
0%	100%	
Factory spec cold cranking amps <input type="checkbox"/>	Actual cold cranking amps <input type="checkbox"/>	

EXTERIOR BODY

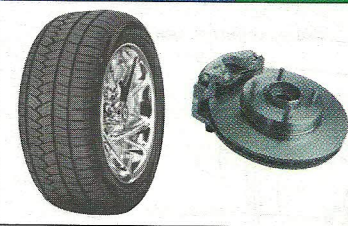
Note any existing exterior body damage or defects on diagram

SYNC VEHICLE HEALTH REPORT (VHR)			ACTIVATED
VHR Activation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/>

LEGEND			
	May contribute to vehicle efficiency and promote a greener environment	<input checked="" type="checkbox"/>	Checked and OK at this time
	May require future attention	<input type="checkbox"/>	Requires immediate attention
	Requires immediate attention	<input type="checkbox"/>	

CHECK FOLLOWING SYSTEMS/COMPONENTS		SERVICED
BRAKE SYSTEM		
<input checked="" type="checkbox"/>	Brake system (including lines, hoses, and parking brake)	<input checked="" type="checkbox"/>
STEERING AND SUSPENSION		
<input checked="" type="checkbox"/>	Shocks/struts and other suspension components for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Steering, steering linkages and ball joints	<input type="checkbox"/>
EXHAUST SYSTEM		
<input checked="" type="checkbox"/>	Exhaust system (leaks, damage, loose parts)	<input checked="" type="checkbox"/>
TRANSMISSION AND DRIVE AXLE		
<input checked="" type="checkbox"/>	Clutch operation (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Constant velocity (CV) drive axle boots (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)	<input type="checkbox"/>
LIGHTS/BLADES/WINDSHIELD		
<input checked="" type="checkbox"/>	Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Windshield washer spray, wiper operation and wiper blades	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Windshield for cracks, chips and pitting	<input type="checkbox"/>
BELTS/HOSES/MOUNTS		
<input checked="" type="checkbox"/>	HVAC system and hoses/lines for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Engine Cooling System, radiator, hoses and clamps	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Accessory drive belt(s)	<input type="checkbox"/>

TIRE/BRAKE WEAR			
TIRE TREAD	7/32" and greater	4/32" to 6/32"	3/32" and less
BRAKE LINING	Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)	3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"	Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)



LEFT FRONT		SERVICED	RIGHT FRONT		SERVICED
<input checked="" type="checkbox"/>	Tire Tread Depth ____/32" Tire Age ____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tire Tread Depth ____/32" Tire Age ____	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Tire Wear Pattern/Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tire Wear Pattern/Damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Brake Lining ____ mm ____/32"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake Lining ____ mm ____/32"	<input type="checkbox"/>
LEFT REAR		SERVICED	RIGHT REAR		SERVICED
<input checked="" type="checkbox"/>	Tire Tread Depth ____/32" Tire Age ____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tire Tread Depth ____/32" Tire Age ____	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Tire Wear Pattern/Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tire Wear Pattern/Damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Brake Lining ____ mm ____/32"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brake Lining ____ mm ____/32"	<input type="checkbox"/>
SPARE TIRE		SERVICED			
<input checked="" type="checkbox"/>	Tire Pressure - set to factory recommended PSI	<input type="checkbox"/>			

TIRE WEAR INDICATES:		SERVICED
<input type="checkbox"/>	Alignment check needed	<input type="checkbox"/>
<input type="checkbox"/>	Wheel balance needed	<input type="checkbox"/>
<input type="checkbox"/>	Tire repair needed	<input type="checkbox"/>
<input type="checkbox"/>	Brake measurements not taken this service visit	<input type="checkbox"/>
TIRE RECALLS		
<input type="checkbox"/>	Check for open tire recalls	

Comments: _____

Advisor: _____ Tech: _____

Customer Signature: _____

12-67578128