

FRAME REPLACEMENT INSPECTION

VIN: _____ DATE: _____

DEALER NAME: _____ DEALER CODE: _____

FUNCTIONAL OPERATION	Before	After
1 Check warning light, gauges, horn, audio system, interior lights	<input type="checkbox"/>	<input type="checkbox"/>
2 Check windshield wipers, washers, power windows & door locks	<input type="checkbox"/>	<input type="checkbox"/>
3 Check headlights, turn signals, flashers, brake lights	<input type="checkbox"/>	<input type="checkbox"/>
4 Check side marker, tail, backup, cargo, license plate lights	<input type="checkbox"/>	<input type="checkbox"/>
5 Check HVAC system, radiator cooling fans	<input type="checkbox"/>	<input type="checkbox"/>
6 Headlight Aim per specification	<input type="checkbox"/>	<input type="checkbox"/>
UNDER HOOD INSPECTION		
7 Check engine oil & ATM fluid levels	<input type="checkbox"/>	<input type="checkbox"/>
8 Check brake & power steering fluid levels	<input type="checkbox"/>	<input type="checkbox"/>
9 Check coolant level	<input type="checkbox"/>	<input type="checkbox"/>
10 Check windshield washer fluid level	<input type="checkbox"/>	<input type="checkbox"/>
11 Inspect for fuel, oil, coolant, power steering and other fluid leaks	<input type="checkbox"/>	<input type="checkbox"/>
TEST DRIVE		
12 Alignment - drives straight with no pull	<input type="checkbox"/>	<input type="checkbox"/>
13 Inspect for abnormal noise and vibrations	<input type="checkbox"/>	<input type="checkbox"/>
14 Brake operation - pedal is firm and does not have excessive travel	<input type="checkbox"/>	<input type="checkbox"/>
15 Parking brake operation	<input type="checkbox"/>	<input type="checkbox"/>
16 Check 4WD system (if equipped)	<input type="checkbox"/>	<input type="checkbox"/>
17 Transmission shifting	<input type="checkbox"/>	<input type="checkbox"/>
18 No exhaust leaks	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTIONS		
19 Health Check - no DTC's	<input type="checkbox"/>	<input type="checkbox"/>
20 Tire Pressure Warning System operational	<input type="checkbox"/>	<input type="checkbox"/>
21 Note any Body Damage:	<input type="checkbox"/>	<input type="checkbox"/>
FRAME REPLACEMENT		
22 Serial number has been entered on website	<input type="checkbox"/>	<input type="checkbox"/>
23 ALL PARTS detailed in the TI have been replaced	<input type="checkbox"/>	<input type="checkbox"/>
24 ALL hardware as been torqued to specification	<input type="checkbox"/>	<input type="checkbox"/>
25 All fluids have been replaced as detailed in the TI	<input type="checkbox"/>	<input type="checkbox"/>

_____ TECHNICIANS SIGNATURE	_____ MANAGERS SIGNATURE*
_____ TECHNICIANS NAME (please print)	_____ MANAGERS NAME* (please print)

* Manager could be Service Manager, MDT, or Shop Foreman as per Technician Training Requirements

