

Elite Autocare & Mot Centre

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 www.elitemot.co.uk
 Vat Reg Number 997 0175 79
 Company reg number 07085118



Registration	Make & Model	Chassis Number	Engine CC	Mileage
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1	2	3	Under Bonnet
		<input type="checkbox"/>	Add Engine Flush (optional)
		<input type="checkbox"/>	Replace Air Filter (if required)
		<input type="checkbox"/>	Replace Spark Plugs (if required)
		<input type="checkbox"/>	Replace Pollen Filter (if required)
		<input type="checkbox"/>	Replace Fuel Filter (if required)
		<input type="checkbox"/>	Test Brake Fluid <input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/>	Test Antifreeze <input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Top up all under bonnet fluids
		<input type="checkbox"/>	Check Distributor Cap & Rotor if applicable
		<input type="checkbox"/>	Check Wiring and Components
	<input type="checkbox"/>	<input type="checkbox"/>	Check Auxiliary Drive Belts
	<input type="checkbox"/>	<input type="checkbox"/>	Check Fuel System and Pipes
	<input type="checkbox"/>	<input type="checkbox"/>	Check Cooling System
		<input type="checkbox"/>	Check Vacuum Pipes
		<input type="checkbox"/>	Check Brake/Clutch Hydraulics
		<input type="checkbox"/>	Check Engine Breather Systems

1	2	3	Half Raised Vehicle
	<input type="checkbox"/>	<input type="checkbox"/>	Check Wheel Bearings
	<input type="checkbox"/>	<input type="checkbox"/>	Check Suspension Joints/Bushes/Mountings
	<input type="checkbox"/>	<input type="checkbox"/>	Check Steering Joints/Bushes/Gaitors
	<input type="checkbox"/>	<input type="checkbox"/>	Check Drive Shaft Gaitors
	<input type="checkbox"/>	<input type="checkbox"/>	Check Shock Absorber/Coil Springs
	<input type="checkbox"/>	<input type="checkbox"/>	Check Flexible Brake Hoses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check Tyre Pressures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check Tyre Tread (record below)
		<input type="checkbox"/>	Remove All Wheels
	<input type="checkbox"/>	<input type="checkbox"/>	Check Front Brakes
	<input type="checkbox"/>	<input type="checkbox"/>	Check Rear Brakes

Brake Wear	NSF	OSF	NSR	OSR
Pads	%	%	%	%
Discs	%	%	%	%

Tyre Depth	mm	mm	mm	mm
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1	2	3	Raised Vehicle Full Height
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain Engine Oil and Replace Filter
		<input type="checkbox"/>	Check Gearbox Oil (if possible)
		<input type="checkbox"/>	Check Diff Oil (if possible)
	<input type="checkbox"/>	<input type="checkbox"/>	Check Engine/Gearbox/Diff for Oil Leaks
	<input type="checkbox"/>	<input type="checkbox"/>	Check Exhaust System for Leaks
	<input type="checkbox"/>	<input type="checkbox"/>	Check Brake and Fuel Lines
	<input type="checkbox"/>	<input type="checkbox"/>	Check Hand Brake Cables
	<input type="checkbox"/>	<input type="checkbox"/>	Check Under body for Corrosion

1	2	3	Lower Vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refill with Engine Oil
		<input type="checkbox"/>	Add Fuel System Cleaner to Tank (optional)
		<input type="checkbox"/>	Check Spare Tyre for Damage/Depth/Pressure

1	2	3	Outside Vehicle
	<input type="checkbox"/>	<input type="checkbox"/>	Check Windscreen for Damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check Washers and Wiper Blades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check Lighting and Lenses/Reverse Lights
		<input type="checkbox"/>	Lubricate Door Hinges and Catches
		<input type="checkbox"/>	Check Bodywork for Corrosion and Damage

1	2	3	Inside Vehicle
	<input type="checkbox"/>	<input type="checkbox"/>	Check Seat Belt Operation
		<input type="checkbox"/>	Check Operation of Controls and Switches
		<input type="checkbox"/>	Check Hand Brake and Foot Brake Travel
	<input type="checkbox"/>	<input type="checkbox"/>	Reset Service Light / Indicator (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	Check Warning Lamp Indicators

1	2	3	Additional Service Operations (at extra cost)
		<input type="checkbox"/>	Replace Timing Belt
		<input type="checkbox"/>	Replace Gearbox Oil
		<input type="checkbox"/>	Replace Brake Fluid (if failed test)
		<input type="checkbox"/>	Replace Antifreeze (if failed test)
		<input type="checkbox"/>	Adjust Valve Clearances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Service Operations (see below)

1	2	3	After Service
	<input type="checkbox"/>	<input type="checkbox"/>	Torque Wheel Nuts (if wheels removed)
	<input type="checkbox"/>	<input type="checkbox"/>	Check Radiator Cooling Fan Operation
	<input type="checkbox"/>	<input type="checkbox"/>	Road Test/Report any Faults Found
	<input type="checkbox"/>	<input type="checkbox"/>	Stamp Service Record Book (if available)
	<input type="checkbox"/>	<input type="checkbox"/>	Set a Service Reminder (if required)

Air Conditioning / Diagnostic Checks	
<input type="checkbox"/>	Air Conditioning Check <input type="checkbox"/> Efficient <input type="checkbox"/> Requires Attention
<input type="checkbox"/>	Carry out Exhaust Emission Check (optional)
<input type="checkbox"/>	Check ECU for Stored Trouble Codes (optional)

Timing Belt Replacement	
Replace at _____ miles or _____	
<i>Failure to replace timing belts at the correct interval may result in serious engine damage. Please check your timing belt history</i>	
Customer Advised	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional service operations may be required for this vehicle at certain times or mileage.

Signed _____ Date _____

The following illustrates how this form is filled in. Only the appropriate numbered section will be completed

Done Attention Required Not Applicable