

MASTRIA AUTO GROUP

Certified Inspection Checklist

Inspection Date: _____

Year/Model: _____

VIN: _____

Stock Number: _____

Technician: _____

Mileage: _____



Front Plate Bracket Installed (if needed)

Install Mastria Plate on Front Plate Bracket

Install Necessary Stickers

#1 Glove Box Yellow Tow Sticker

#2 Windows 24 hr Towing Sticker

#3 Under Hood Parts Wholesale Label

Tires Condition

Left Front Tire _____

Right Front Tire _____

Left Rear Tire _____

Right Rear Tire _____

Brake Inspection

Front Brakes _____ mm

Rear Brakes _____ mm

Install Wheel Locks (alloy wheels)

Passes Inspection

Filter Check

Yes

No

Inspect Air Filter

Inspect Cabin Air Filter

Inspect Drive Belt

Inspect Coolant Hoses

Heater Hoses

A/C Hoses & Connections

Inspect Radiator Cap

	Passes Inspection		Not Applicable
	Yes	No	N/A
Antenna.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wiper Arms, Blades, and Washer..... *Inspect windshield and door glass for scratches, cracks, residue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Open the hood and inspect the following fluid levels and components</i>			
Primary and Secondary Hood Latch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Check (Fluid Levels must meet manufacturer's specs)			
Engine Oil.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiator Coolant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Fluid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Steering Fluid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transaxle Fluid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clutch Hydraulic Fluid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Starts on First Try and Runs Smoothly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inspect the operation and condition of the lights and lenses:</i>			
Daytime Running Lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headlights (Including Aim).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fog Lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Turn Signals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taillights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-up Lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Plate Lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Turn Signal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Mount Brake Light.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inspect the operation and condition of the following vehicle components:</i>			
Engine Operation			
Engine Performance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Abnormal Engine Noise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Pressure Gage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Gage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speedometer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tachometer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Abnormal Smoke from Exhaust Pipe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Exhaust Leaks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transaxle Operation			
General Transaxle Operation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Abnormal Transaxle Noise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clutch Operation and Noise (manual transmission).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Passes Inspection
 Yes No Not Applicable
 N/A

Traction Control Operation (Including Switch and Light).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Performance, Noise and Pulsation (ABS Included).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Wheel Bearing Noise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Abnormal Steering Noise or Vibrations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Abnormal Suspension Noise or Vibrations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cruise Control Operation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC Operation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio Operation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn Operation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Locks and Key.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Operation (power or manual).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirror Operation and Condition (Driver's side).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check All Power Accessories.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Defogger.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear View Mirror.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimes (Headlight, Keyminder and Occupant Restraint).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunroof and Sun Shade.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decklid/Liftgate Release.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Door Release.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RKE (remote operation).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dash and Instrument Panel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Door Panels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inspect the operation and condition of the following vehicle components:</i>			
Glove Box Operation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glove Box Information and Owner's Handbook.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headliner and Sun Visors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Remaining Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locks and Keys.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latches.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarette Lighter/12V Adapter Operation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headrests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Seat Backs Latches.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passive Restraint System.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check for Trouble Codes			
ECM.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCM.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIR.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspect the operation and condition of the following vehicle components:

Passes Inspection

Not Applicable

Check for Trouble Codes

Yes

No

N/A

ECM.....

BATTERY.....

STARTING SYSTEM.....

CHARGING SYSTEM.....

ENGINE

NO LEAKS.....

NO COOLING SYSTEM LEAKS.....

DRIVE BLET AND DRIVE BELT TENSIONER.....

MOUNTS NOT DAMAGED OR COLLAPSED.....

NO TRANSAXLE FLUID LEAKS.....

NO FUEL SYSTEM LEAKS.....

NO STEERING SYSTEM LEAKS.....

DRIVE AXLE CONDITION.....

SUSPENSION SYSTEM.....

EXHAUST SYSTEM.....

WHEEL BEARINGS.....

NO MAJOR ROAD, BODY OR STRUCTURAL DAMAGE.....

AIR DAM AND DEFLECTOR INTACT.....

INSPECTION NOTES