



# Vehicle Inspection Checklist

For complete details, please refer to the Inspection Guidelines Section of the CPO BMW Vehicle Program Center Operations Manual

## Enrollment & Vehicle History

STOCK NO.: \_\_\_\_\_

DATE: \_\_\_\_\_ CENTER NAME: \_\_\_\_\_ CENTER NO.: \_\_\_\_\_

CHASSIS NO.: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ MODEL: \_\_\_\_\_ MODEL YEAR: \_\_\_\_\_

KEYS: MASTERS  VALET  WALLET  **Mileage is to be substantiated through attaching a copy of the Key Reader!**

SOURCE: BMW FS OFF-LEASE  OTHER OFF-LEASE  TRADE-IN  AUCTION  OTHER

### SECTION 1: VEHICLE BACKGROUND & MAINTENANCE

**CPO ENROLLMENT DATE:** \_\_\_\_\_ **If NOT enrolled as CPO [Pending or Active], STOP!**

SERVICE ADVISOR NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

REPAIR ORDER #: \_\_\_\_\_ DATE OPENED: \_\_\_\_\_ VEHICLE ORIGINAL IN-SERVICE DATE: \_\_\_\_\_

**Service Interval Indicator (SIA)**

CURRENT SERVICE INDICATOR DISPLAY:  OR \_\_\_\_\_ remaining miles

**Condition Based Service (CBS)** **CBS printout REQUIRED!**

Item	Service is due in:	Comments:	Item	Service is due in:	Comments:
Engine Oil	_____ Date/Miles	_____	Microfilter	_____ Miles	_____
Front Brakes	_____ Miles	_____	Brake Fluid	_____ Months	_____
Rear Brakes	_____ Miles	_____	Air Cleaner	_____ Date/Miles	_____
Vehicle Check	_____ Date/Miles	_____	Coolant	_____ Months (applicable models only)	_____

**VEHICLE MAINTENANCE HISTORY** **BMW NA DCS Service History printout REQUIRED!**

Engine Oil Services:	YES	Date of Service:	Brake Services:	YES	Date of Service:
First Service	<input type="checkbox"/>	_____	Front Pads	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____	Rear Pads	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____	Front Rotors	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____	Rear Rotors	<input type="checkbox"/>	_____
M-Model 1200 mile Running-In Check	<input type="checkbox"/>	_____	Fluid Flush	<input type="checkbox"/>	_____
To specification – not to exceed 2400 miles	<input type="checkbox"/>	_____			

**Inspections (SIA Vehicles):**

Inspection	YES	NO
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>

**OPEN CAMPAIGNS?**  YES  NO

**NON-BMW PERFORMANCE MODIFICATIONS?**  YES  NO

**HAS CARFAX OR AUTOCHECK REPORT BEEN RUN?**  YES  NO

Does CARFAX or AutoCheck report disqualify for CPO?  YES  NO

**BODY REPAIR HISTORY:** Repair Order(s): \_\_\_\_\_ Date \_\_\_\_\_ Center \_\_\_\_\_ Mileage \_\_\_\_\_

Comments – include any known damage/repairs: \_\_\_\_\_

**INSTRUMENT CLUSTER:**

Has the instrument cluster been replaced?  YES  NO

If YES, does the current cluster reflect the **TOTAL** and **TRUE** mileage?  YES  NO

**STOP!** Vehicles **NOT** qualified for enrollment or sale as CPO:  
 • Inconsistent or incomplete maintenance history  
 • Non-BMW performance modifications  
 • Disqualifying CARFAX or AutoCheck report

### SECTION 2: WHEEL ASSEMBLY

**TIRE INSPECTION**

TIRE TREAD DEPTH (minimum 3 mm when measured from the TOP of wear indicators) & SIDEWALL INSPECTION:

Location	Pressure	Inside	Center	Outside	OEM*	Brand, Type, Size, Speed Rating, Tread, & Condition:
Left Front	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Left Rear	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Spare	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Right Rear	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Right Front	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

**IS M-MOBILITY KIT TO STANDARD?**  Y  N

**WHEEL INSPECTION**

Location	OEM*	Style, Condition & Torque:	Location:	OEM*	Style, Condition & Torque:
Left Front	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Right Rear	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Left Rear	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Right Front	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Spare	<input type="checkbox"/> Y <input type="checkbox"/> N	_____			

**BRAKE INSPECTION**

BRAKE PADS (minimum 5 mm of friction material) & ROTOR INSPECTION:

Location	Pad Measurement	OEM*	Rotor Condition	OEM*	Comments:
Left Front	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Left Rear	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Right Rear	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Right Front	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

\* Replace mismatched and/or non-approved safety related components with Original Equipment Manufacturer (OEM) BMW parts. Refer to the Certified Pre-Owned Center Operations Manual, Section 2 - Vehicle Inspection Guidelines & Standards.

VIN \_\_\_\_\_

## Body & Mechanical

### SECTION 3: BODY CONDITION, FIT & FINISH

AREA	Meets BMW Guidelines & Standards	Comments	AREA	Meets BMW Guidelines & Standards	Comments
Front bumper	<input type="checkbox"/>	_____	<b>GLASS AREA</b>		
Park Distance Control	<input type="checkbox"/>	_____	Windshield	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Hood	<input type="checkbox"/>	_____	Door & side glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Core support	<input type="checkbox"/>	_____	Rear window	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Engine carrying rails	<input type="checkbox"/>	_____	Exterior mirrors	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Inner fenders	<input type="checkbox"/>	_____	Interior mirror	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Front fenders: left & right	<input type="checkbox"/>	_____	<b>INTERIOR</b>		
Doors: left/right, front/back	<input type="checkbox"/>	_____	Door weather seal	<input type="checkbox"/>	_____
A pillar: left/right	<input type="checkbox"/>	_____	Carpet/floor mats	<input type="checkbox"/>	_____
B pillar: left/right	<input type="checkbox"/>	_____	Wood/aluminum trim	<input type="checkbox"/>	_____
C pillar: left/right	<input type="checkbox"/>	_____	Cupholder(s)	<input type="checkbox"/>	_____
D pillar: left/right	<input type="checkbox"/>	_____	Interior light(s)	<input type="checkbox"/>	_____
Rocker/sill panels	<input type="checkbox"/>	_____	Glovebox	<input type="checkbox"/>	_____
Roof	<input type="checkbox"/>	_____	Seats	<input type="checkbox"/>	_____
Convertible top	<input type="checkbox"/>	_____	Headliner	<input type="checkbox"/>	_____
Sunroof	<input type="checkbox"/>	_____	Books	<input type="checkbox"/>	_____
Quarter panel: left/right	<input type="checkbox"/>	_____	Bluetooth Pass Key Card (E85 Z4 & E83 X3 models only)	<input type="checkbox"/>	_____
Antenna	<input type="checkbox"/>	_____	<b>TRUNK</b>		
Trunk lid	<input type="checkbox"/>	_____	Emergency release	<input type="checkbox"/>	_____
Hatch (model-dependent)	<input type="checkbox"/>	_____	Tools	<input type="checkbox"/>	_____
Tailgate (model-dependent)	<input type="checkbox"/>	_____	Jack (model dependent)	<input type="checkbox"/>	_____
Rear license plate	<input type="checkbox"/>	_____	Cargo net (model dependent)	<input type="checkbox"/>	_____
Rear taillight assemblies	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Cargo cover (model dependent)	<input type="checkbox"/>	_____
Rear bumper	<input type="checkbox"/>	_____	Cargo mat (model dependent)	<input type="checkbox"/>	_____
Park Distance Control	<input type="checkbox"/>	_____	<b>KEYS</b>		
Spare wheelwell	<input type="checkbox"/>	_____	Master	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Rear floor pan	<input type="checkbox"/>	_____	Valet (model dependent)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Inner trunk panels	<input type="checkbox"/>	_____	Wallet (model dependent)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Fuel-filler door	<input type="checkbox"/>	_____	<b>B PILLAR STICKERS:</b>		
Mirror assembly (2)	<input type="checkbox"/>	_____	VIN ID	<input type="checkbox"/>	_____
Alignment of all panels	<input type="checkbox"/>	_____	Placard	<input type="checkbox"/>	_____

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### SECTION 4: MECHANICAL

Meets BMW Guidelines & Standards	Comments	Meets BMW Guidelines & Standards	Comments
Headlight assembly	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	Fluid levels:	Oil <input type="checkbox"/>
Fog light assembly	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N		Brake <input type="checkbox"/>
Headlight washer jets (optional)	<input type="checkbox"/>		Power steering <input type="checkbox"/>
Wiper blade, assembly & jets	<input type="checkbox"/>		Windshield washer <input type="checkbox"/>
Door handle, hinge & lock	<input type="checkbox"/>		Transmission <input type="checkbox"/>
Central locking functions	<input type="checkbox"/>		Rear axle <input type="checkbox"/>
Comfort Access	<input type="checkbox"/>		Coolant <input type="checkbox"/>
Alarm functions	<input type="checkbox"/>		<b>Coolant Protection Level:</b>
Seat and headrest functions	<input type="checkbox"/>		-5F -10F -15F -20F -25F -30F -35F
Seatbelt(s)	<input type="checkbox"/>		(circle one) <b>SERVICE</b> <b>ACCEPTABLE</b> <b>GOOD</b>
Airbag(s)	<input type="checkbox"/>		<b>Fluid leaks:</b> (of components, lines, tanks & couplings)
Airbags (Rear) Deactivated	<input type="checkbox"/> Y <input type="checkbox"/> N		Transmission <input type="checkbox"/>
Child locking functions	<input type="checkbox"/>		Transfer case <input type="checkbox"/>
Fuel-filler door locking	<input type="checkbox"/>		Differential (front/rear) <input type="checkbox"/>
Trunk lock	<input type="checkbox"/>		CV joints & boots <input type="checkbox"/>
Rear wiper (optional)	<input type="checkbox"/>		Gas <input type="checkbox"/>
Gas shocks	<input type="checkbox"/>		Engine oil <input type="checkbox"/>
Suspension components	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N		Brake <input type="checkbox"/>
Front control arm bushings	<input type="checkbox"/>		Power steering <input type="checkbox"/>
Steering	<input type="checkbox"/>		Shocks & struts <input type="checkbox"/>
Major component mounts	<input type="checkbox"/>		Self-leveling (opt.) <input type="checkbox"/>
Exhaust system	<input type="checkbox"/>		Coolant <input type="checkbox"/>
Belts	<input type="checkbox"/>		A/C <input type="checkbox"/>
Belt tensioners	<input type="checkbox"/>		Hydraulic <input type="checkbox"/>

**Battery Voltage:** **12.0 & Below** **12.1** **12.5** **12.6** **12.9**  
 (circle one) **REPLACE** **IMMEDIATE RECHARGE** **FULLY CHARGED**

The minimum voltage for delivery of any Pre-Owned BMW to a customer is 12.60V

**Diagnostic fault review:** Corrected  & Cleared

Fold Here



# Vehicle Inspection Checklist

VIN

## Road Test

Minimum road test time period: 20 uninterrupted minutes  
Minimum road test distance: 5 continuous miles!

### SECTION 5: STATIONARY REVIEW

Mileage before: \_\_\_\_\_ Mileage after: \_\_\_\_\_  
**Mileage ( BEFORE and AFTER ) is to be substantiated through attaching a copy of the Key Reader!**

AREA	Meets BMW							Comments:	
	Guidelines & Standards								
<b>Driver's Seat Functions</b>	Seatbelt	<input type="checkbox"/>							
	Front/back - up/down	<input type="checkbox"/>							
	Headrest	<input type="checkbox"/>							
	Lumbar (where applicable)	<input type="checkbox"/>							
<b>Mirror Functions</b>	Outside left/right	<input type="checkbox"/>							
	Interior – Gentex	<input type="checkbox"/>							
<b>Navigation System</b>	Functional <u>Test</u> and <u>Deliver</u> with a <u>working CD or DVD.</u>	<input type="checkbox"/>							
	Night vision with infrared	<input type="checkbox"/>							
<b>Windshield</b>	Rain sensor operation	<input type="checkbox"/>							
	Head-up display	<input type="checkbox"/>							
<b>On-Board Computer</b>	Functional test	<input type="checkbox"/>							
<b>Steering Wheel</b>	Adjustable	<input type="checkbox"/>							
	Airbag	<input type="checkbox"/>							
	Audio functions	<input type="checkbox"/>							
	Horn functions	<input type="checkbox"/>							
	Heat function	<input type="checkbox"/>							
	Shift Paddles	<input type="checkbox"/>							
<b>Stalk controls</b>	Wiper/washer	<input type="checkbox"/>							
	High beams	<input type="checkbox"/>							
	Computer	<input type="checkbox"/>							
<b>Pedal Function</b>	Gas	<input type="checkbox"/>							
	Brake	<input type="checkbox"/>							
	Clutch (where applicable)	<input type="checkbox"/>							
<b>Gearshift Function</b>		<input type="checkbox"/>							
<b>Parking Brake Function</b>		<input type="checkbox"/>							
<b>HVAC Control</b>	<b>Heat:</b> (circle one)	50F	55F	60F	65F	70F	75F	85F	
		SERVICE		ACCEPTABLE		GOOD			
	<b>A/C:</b> (circle one)	40F	45F	50F	55F	60F	65F	70F	
		GOOD		ACCEPTABLE		SERVICE			
	Fan	<input type="checkbox"/>							
	Temp range	<input type="checkbox"/>							
	Blower speeds	<input type="checkbox"/>							
	Blower: Defrost	<input type="checkbox"/>							
	Center	<input type="checkbox"/>							
	Lower	<input type="checkbox"/>							
	Vent controls	<input type="checkbox"/>							
	Windshield defogger	<input type="checkbox"/>							
	Rear window defroster	<input type="checkbox"/>							
	Recirculating	<input type="checkbox"/>							
<b>Audio Function</b>	<b>Radio:</b>	<input type="checkbox"/>							
	AM	<input type="checkbox"/>							
	FM	<input type="checkbox"/>							
	CD	<input type="checkbox"/>							
	Aux Input	<input type="checkbox"/>							
	Satellite Radio	<input type="checkbox"/>							
	<b>Speakers:</b>	<input type="checkbox"/>							
	Balance	<input type="checkbox"/>							
	Fade	<input type="checkbox"/>							

VIN

## Road Test

### STATIONARY REVIEW (cont'd.)

AREA	Meets BMW		Comments:
	Guidelines & Standards		
<b>Electrical</b>	Vanity/visor	<input type="checkbox"/>	
	Map/interior	<input type="checkbox"/>	
	Headlights	<input type="checkbox"/>	
	Fog lights	<input type="checkbox"/>	
	Turn signals	<input type="checkbox"/>	
	Hazard flasher	<input type="checkbox"/>	
	Parking/side marker	<input type="checkbox"/>	
	Brake lights (3)	<input type="checkbox"/>	
	Back-up lights	<input type="checkbox"/>	
	License plate lights	<input type="checkbox"/>	
	Dash and console	<input type="checkbox"/>	
	Door lock	<input type="checkbox"/>	
	Seat heater(s)	<input type="checkbox"/>	
	Power window(s)	<input type="checkbox"/>	
	Cigarette lighter(s)	<input type="checkbox"/>	
	Power sunroof	<input type="checkbox"/>	
	Rear sunshade	<input type="checkbox"/>	
	Door sunshades	<input type="checkbox"/>	

### SECTION 6: ROLLING REVIEW

Checklist to be completed following testing cycle, not while driving the vehicle.

AREA	Meets BMW		Comments:
	Guidelines & Standards		
<b>Engine Performance</b>	Cold/hot starting	<input type="checkbox"/>	
	Idle smoothness	<input type="checkbox"/>	
	Acceleration	<input type="checkbox"/>	
<b>Transmission Shifting</b>	Manual/Automatic/SMG/M-DCT	<input type="checkbox"/>	
<b>Cruise Control</b>	Function(s)	<input type="checkbox"/>	
<b>Noise</b>	Wind	<input type="checkbox"/>	
	Squeaks	<input type="checkbox"/>	
	Rattles	<input type="checkbox"/>	
<b>Vehicle Handling</b>	Vibration	<input type="checkbox"/>	
	Stability	<input type="checkbox"/>	
	Braking	<input type="checkbox"/>	
	ABS	<input type="checkbox"/>	
	DSC	<input type="checkbox"/>	
	HDC (model dependent)	<input type="checkbox"/>	
<b>Steering Wheel</b>	Alignment	<input type="checkbox"/>	
<b>Instrument Gauges</b>	Operation	<input type="checkbox"/>	
<b>Rear View Camera</b>	Operation	<input type="checkbox"/>	
<b>Side &amp; Top View Camera</b>	Operation	<input type="checkbox"/>	
<b>Other:</b>		<input type="checkbox"/>	

### SECTION 7: APPROVAL

Technician's, Service Manager's, and Pre-Owned Manager's signatures certify that the vehicle has been carefully inspected and that apparent deficiencies have been corrected. This is a pre-owned vehicle; no claim is made, implied or otherwise, that this vehicle is in new condition.

TECHNICIAN NAME: _____	TECH NO.: _____	SIGNATURE: _____	DATE: _____
SERVICE MANAGER NAME: _____		SIGNATURE: _____	DATE: _____
PRE-OWNED MANAGER NAME: _____		SIGNATURE: _____	DATE: _____
CUSTOMER NAME: _____		SIGNATURE: _____	DATE: _____