



# Vehicle Inspection Checklist

For complete details, please refer to the Inspection Guidelines Section of the MININEXT Dealer Operations Manual

## Enrollment & Vehicle History

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

DATE: \_\_\_\_\_ DEALER NAME: \_\_\_\_\_ DEALER 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: MINI 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: \_\_\_\_\_

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

#### Remaining Miles to:

Item	Service is Due in:	Comments:
Engine Oil Service	_____ Miles	_____
Inspection I	_____ Miles	_____
Inspection II	_____ Miles	_____

#### 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"/>	_____
Inspections			Fluid Flush	<input type="checkbox"/>	_____
1	<input type="checkbox"/>	_____	Other		
2	<input type="checkbox"/>	_____	Coolant Flush	<input type="checkbox"/>	_____
			Belt Replaced	<input type="checkbox"/>	_____
			Wipers/Inserts	<input type="checkbox"/>	_____
			Filters (Cabin/Engine)	<input type="checkbox"/>	_____

**OPEN CAMPAIGNS?**  YES  NO

#### BODY REPAIR HISTORY:

Body Repair History: Repair Order(s): \_\_\_\_\_ Date \_\_\_\_\_ Center \_\_\_\_\_ Mileage \_\_\_\_\_

Comments: \_\_\_\_\_

#### INSTRUMENT CLUSTER:

Has the Instrument Cluster been replaced?  YES  NO  
 If YES, does the current Cluster reflect the **TOTAL** and **TRUE** mileage  YES  NO  
 Dealer Installed JCW Kit  YES  NO  
 JCW Kit Registered on DSCNet  YES  NO

**STOP!** Vehicles with an inconsistent or incomplete maintenance history are **NOT** qualified for enrollment or sale as CPO.

### 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	O E M*	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	_____

#### WHEEL INSPECTION

Location	O E M*	Style, Condition & Torque:	Location:	O E M*	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	O E M*	Rotor Condition	O E M*	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) MINI parts and accessories available through the MINI Parts Department and as specified in KSD, the MINI Tire Center and related MINI Aftersales Development, Technical Service, and Parts Bulletins.



## Body & Mechanical

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

AREA	Meets MINI Guidelines & Standards	Comments	AREA	Meets MINI Guidelines & Standards	Comments						
Front bumper	<input type="checkbox"/>	_____	<b>GLASS AREA</b>	<b>O E M*</b>	_____						
Hood	<input type="checkbox"/>	_____				Windshield	<input type="checkbox"/> Y <input type="checkbox"/> N	_____			
Core support	<input type="checkbox"/>	_____				Door & side glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____			
Engine carrying rails	<input type="checkbox"/>	_____				Rear window	<input type="checkbox"/> Y <input type="checkbox"/> N	_____			
Inner fenders	<input type="checkbox"/>	_____				Exterior mirrors	<input type="checkbox"/> Y <input type="checkbox"/> N	_____			
Front fenders: left & right	<input type="checkbox"/>	_____				Interior mirror	<input type="checkbox"/> Y <input type="checkbox"/> N	_____			
Doors: left/right	<input type="checkbox"/>	_____				<b>INTERIOR</b>		_____			
A pillar: left/right	<input type="checkbox"/>	_____							Door weather seal	<input type="checkbox"/>	_____
B pillar: left/right	<input type="checkbox"/>	_____							Carpet/floor mats	<input type="checkbox"/>	_____
C pillar: left/right	<input type="checkbox"/>	_____							Interior trim	<input type="checkbox"/>	_____
Rocker/sill panels	<input type="checkbox"/>	_____							Cupholder(s)	<input type="checkbox"/>	_____
Roof	<input type="checkbox"/>	_____							Interior light(s)	<input type="checkbox"/>	_____
Convertible top	<input type="checkbox"/>	_____	Glovebox	<input type="checkbox"/>	_____						
Sunroof (Sedan)	<input type="checkbox"/>	_____	Seats	<input type="checkbox"/>	_____						
Quarter panel: left/right	<input type="checkbox"/>	_____	Headliner	<input type="checkbox"/>	_____						
Antenna	<input type="checkbox"/>	_____	Books	<input type="checkbox"/>	_____						
Hatch (model-dependent)	<input type="checkbox"/>	_____	<b>TRUNK</b>		_____						
Tailgate (model-dependent)	<input type="checkbox"/>	_____							Tools	<input type="checkbox"/>	_____
Rear license plate	<input type="checkbox"/>	_____				Jack	<input type="checkbox"/>	_____			
Rear taillight assemblies <b>O E M*</b> <input type="checkbox"/> Y <input type="checkbox"/> N		_____				Cargo Net (model dependent)	<input type="checkbox"/>	_____			
Rear bumper	<input type="checkbox"/>	_____				Cargo Cover (model dependent)	<input type="checkbox"/>	_____			
Spare wheel well	<input type="checkbox"/>	_____	Cargo Mat (model dependent)	<input type="checkbox"/>	_____						
Rear floor pan	<input type="checkbox"/>	_____	<b>KEYS</b>		_____						
Inner trunk panels	<input type="checkbox"/>	_____				Master	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____			
Fuel-filler door	<input type="checkbox"/>	_____				Valet (model dependent)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____			
Mirror assembly (2)	<input type="checkbox"/>	_____				Wallet (model dependent)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____			
Alignment of all panels	<input type="checkbox"/>	_____				B pillar stickers:		_____			
			VIN ID	<input type="checkbox"/>	_____						
			Placard	<input type="checkbox"/>	_____						

### SECTION 4: MECHANICAL

MECHANICAL	Meets MINI Guidelines & Standards	Comments	MECHANICAL	Meets MINI Guidelines & Standards	Comments
Headlight assembly	<b>O E M*</b> <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Fluid levels:		_____
Fog light assembly	<b>O E M*</b> <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Oil	<input type="checkbox"/>	_____
Headlight washer jets (optional)	<input type="checkbox"/>	_____	Brake	<input type="checkbox"/>	_____
Wiper blade, assembly & jets	<input type="checkbox"/>	_____	Power steering	<input type="checkbox"/>	_____
Door handle, hinge & lock	<input type="checkbox"/>	_____	Washer	<input type="checkbox"/>	_____
Central locking functions	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>	_____
Alarm functions	<input type="checkbox"/>	_____	Coolant	<input type="checkbox"/>	_____
Seat and headrest functions	<input type="checkbox"/>	_____	Protection Level:	-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"/>	_____	Fluid leaks:		_____
Airbags (Rear) Deactivated	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	(of components, lines, tanks & couplings)	<input type="checkbox"/>	_____
Child locking functions	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>	_____
Fuel-filler door locking	<input type="checkbox"/>	_____	Differential	<input type="checkbox"/>	_____
Trunk lock	<input type="checkbox"/>	_____	Half Shafts (Front)	<input type="checkbox"/>	_____
Rear wiper (optional)	<input type="checkbox"/>	_____	Gas	<input type="checkbox"/>	_____
Shock absorbers	<input type="checkbox"/>	_____	Engine Oil	<input type="checkbox"/>	_____
Suspension components <b>O E M*</b> <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"/>	_____	Coolant	<input type="checkbox"/>	_____
Exhaust system	<input type="checkbox"/>	_____	A/C	<input type="checkbox"/>	_____
Poly-V Belt	<input type="checkbox"/>	_____	Hydraulic	<input type="checkbox"/>	_____
Belt tensioner	<input type="checkbox"/>	_____	Battery Voltage:	11.7 12.0 12.3 12.4 12.5 12.7	_____
			(circle one) <b>REPLACE</b> <b>CHARGE</b> <b>GOOD</b>		_____
			Diagnostic fault review:	Corrected <input type="checkbox"/> & Cleared <input type="checkbox"/>	_____

**Attach a copy of the diagnostic printout**

**PLEASE CONTINUE TO NEXT PAGE**

# Vehicle Inspection Checklist

CHASSIS # 

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## 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 MINI Guidelines & Standards	Comments:
Driver's Seat Functions	Safety Belt	<input type="checkbox"/>	_____
	Front/back-up/down	<input type="checkbox"/>	_____
	Headrest	<input type="checkbox"/>	_____
	Lumbar (where applicable)	<input type="checkbox"/>	_____
Mirror Functions	Outside left/right	<input type="checkbox"/>	_____
	Interior	<input type="checkbox"/>	_____
Navigation System	Functional <u>Test</u> and <u>Deliver</u> with a <u>working CD or DVD.</u>	<input type="checkbox"/>	_____
On-Board Computer System	Functional test	<input type="checkbox"/>	_____
Steering Wheel	Adjustable	<input type="checkbox"/>	_____
	Airbag	<input type="checkbox"/>	_____
	Audio functions	<input type="checkbox"/>	_____
	Horn functions	<input type="checkbox"/>	_____
Stalk controls	Wiper/washer	<input type="checkbox"/>	_____
	High beams	<input type="checkbox"/>	_____
	Computer	<input type="checkbox"/>	_____
Pedal Function	Gas	<input type="checkbox"/>	_____
	Brake	<input type="checkbox"/>	_____
	Clutch (where applicable)	<input type="checkbox"/>	_____
Gearshift Function		<input type="checkbox"/>	_____
	Parking Brake Function	<input type="checkbox"/>	_____

HVAC Control	Heat: (circle one)	50F	55F	60F	65F	70F	75F	85F
		SERVICE	ACCEPTABLE	GOOD				
	A/C: (circle one)	40F	45F	50F	55F	60F	65F	70F
		GOOD		ACCEPTABLE		SERVICE		

Audio Function	Fan	<input type="checkbox"/>	_____	
	Temp range	<input type="checkbox"/>	_____	
	Blower speeds	<input type="checkbox"/>	_____	
	Blower: Defrost	Center	<input type="checkbox"/>	_____
		Lower	<input type="checkbox"/>	_____
		Vent controls	<input type="checkbox"/>	_____
	Windshield defogger	<input type="checkbox"/>	_____	
	Rear window defrost	<input type="checkbox"/>	_____	
	Re-circulating	<input type="checkbox"/>	_____	
	Radio:	Radio:	<input type="checkbox"/>	_____
		AM	<input type="checkbox"/>	_____
		FM	<input type="checkbox"/>	_____
		CD	<input type="checkbox"/>	_____
		Aux Input	<input type="checkbox"/>	_____
		Cassette (where applicable)	<input type="checkbox"/>	_____
Speakers:		Balance	<input type="checkbox"/>	_____
	Fade	<input type="checkbox"/>	_____	
	Convertible Top	<input type="checkbox"/>	_____	
	Sunroof section	<input type="checkbox"/>	_____	
	Top Opening & Closing sequence	<input type="checkbox"/>	_____	

CHASSIS # 

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## Road Test

**STATIONARY REVIEW (cont'd.)**

	AREA	Meets MINI Guidelines & Standards	Comments:
Electrical	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 (Sedan)	<input type="checkbox"/>	_____	

**SECTION 6: ROLLING REVIEW**

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

	AREA	Meets MINI Guidelines & Standards	Comments:
Engine Performance	Cold/hot starting	<input type="checkbox"/>	_____
	Idle smoothness	<input type="checkbox"/>	_____
	Acceleration	<input type="checkbox"/>	_____
Transmission Shifting	Manual/Automatic/SMG	<input type="checkbox"/>	_____
Cruise Control	Function(s)	<input type="checkbox"/>	_____
Noise	Wind	<input type="checkbox"/>	_____
	Squeaks	<input type="checkbox"/>	_____
	Rattles	<input type="checkbox"/>	_____
Vehicle Handling	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"/>	_____
Steering Wheel	Alignment	<input type="checkbox"/>	_____
Instrument Gauges	Operation	<input type="checkbox"/>	_____
Other:	_____	<input type="checkbox"/>	_____
	_____	<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.

ARE ALL 4 PAGES PRINTED & COMPLETED  YES  NO

TECHNICIAN NAME: \_\_\_\_\_ TECH NO.: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE MANAGER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRE-OWNED MANAGER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_