

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 #.: _____

DATE: _____ CENTER NAME: _____ CENTER #: _____

CHASSIS NO.: _____ KEY READ MILEAGE: _____ MODEL: _____ MODEL YEAR: _____

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: _____ ORIGINAL IN-SERVICE DATE: _____

Condition Based Service (CBS)

CBS printout REQUIRED

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

VEHICLE MAINTENANCE HISTORY

BMW NA DCS Service History printout REQUIRED

Engine Oil Services, incl. i3 Rex, i8:	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"/>	_____
Not to exceed the initial 2400 miles	<input type="checkbox"/>	_____			

Other:

Diesel Fuel Filter	<input type="checkbox"/>
Vehicle Check	<input type="checkbox"/>
Belt(s) Replaced	<input type="checkbox"/>
Wipers/Inserts	<input type="checkbox"/>
Filters (Cabin/Engine)	<input type="checkbox"/>
Spark Plugs	<input type="checkbox"/>

OPEN CAMPAIGNS/STOP SALE? 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



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 & 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 Front	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Left Rear	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Right Rear	<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.

Fold Here

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"/>	_____	GLASS AREA		
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"/>	_____	INTERIOR		
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"/>	_____
Check top storage compartment drains	<input type="checkbox"/>	_____	Books	<input type="checkbox"/>	_____
Sunroof	<input type="checkbox"/>	_____	TRUNK		
Check sunroof drains	<input type="checkbox"/>	_____	Emergency release	<input type="checkbox"/>	_____
Quarter panel: left/right	<input type="checkbox"/>	_____	Tools	<input type="checkbox"/>	_____
Trunk lid	<input type="checkbox"/>	_____	Cargo net (model dependent)	<input type="checkbox"/>	_____
Hatch (model-dependent)	<input type="checkbox"/>	_____	Cargo cover (model dependent)	<input type="checkbox"/>	_____
Tailgate (model-dependent)	<input type="checkbox"/>	_____	Cargo mat (model dependent)	<input type="checkbox"/>	_____
Rear license plate	<input type="checkbox"/>	_____	KEYS		
Rear taillight assemblies	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Master	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Rear bumper	<input type="checkbox"/>	_____	B PILLAR STICKERS:		
Park Distance Control	<input type="checkbox"/>	_____	VIN ID	<input type="checkbox"/>	_____
Spare wheelwell	<input type="checkbox"/>	_____	Placard	<input type="checkbox"/>	_____
Rear floor pan	<input type="checkbox"/>	_____			
Inner trunk panels	<input type="checkbox"/>	_____			
Fuel-filler door	<input type="checkbox"/>	_____			
Mirror assembly (2)	<input type="checkbox"/>	_____			
Alignment of all panels	<input type="checkbox"/>	_____			

* 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.

SECTION 4: MECHANICAL

AREA	Meets BMW Guidelines & Standards	Comments	Fluid levels:	Oil	Guidelines & Standards	Meets BMW Comments
Headlight assembly	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Brake	<input type="checkbox"/>		
Fog light assembly	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Power steering	<input type="checkbox"/>		
Headlight washer jets	<input type="checkbox"/>	_____	Windshield washer	<input type="checkbox"/>		
Wiper blade, assembly & jets	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>		
Door handle, hinge & lock	<input type="checkbox"/>	_____	Rear axle	<input type="checkbox"/>		
Central locking functions	<input type="checkbox"/>	_____	Diesel exhaust fluid (model dependent)	<input type="checkbox"/>		
Comfort Access	<input type="checkbox"/>	_____	Coolant	<input type="checkbox"/>		
Alarm functions	<input type="checkbox"/>	_____	Coolant Protection Level: (circle one)	-5F -10F -15F -20F -25F -30F -35F		
Seat and headrest functions	<input type="checkbox"/>	_____	Fluid leaks:	SERVICE ACCEPTABLE GOOD		
Seatbelt(s)	<input type="checkbox"/>	_____	(of components, lines, tanks & couplings)	<input type="checkbox"/>		
Airbag(s)	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>		
Airbags (Rear)	<input type="checkbox"/>	_____	Transfer case	<input type="checkbox"/>		
Child lock functions	<input type="checkbox"/>	_____	Differential (front/rear)	<input type="checkbox"/>		
Fuel-filler door locking	<input type="checkbox"/>	_____	CV joints & boots	<input type="checkbox"/>		
Trunk lock	<input type="checkbox"/>	_____	Gas	<input type="checkbox"/>		
Rear wiper (optional)	<input type="checkbox"/>	_____	Engine oil	<input type="checkbox"/>		
Gas shocks	<input type="checkbox"/>	_____	Brake	<input type="checkbox"/>		
Suspension components	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Power steering	<input type="checkbox"/>		
Front control arm bushings	<input type="checkbox"/>	_____	Shocks & struts	<input type="checkbox"/>		
Steering	<input type="checkbox"/>	_____	Self-leveling (opt.)	<input type="checkbox"/>		
Major component mounts	<input type="checkbox"/>	_____	Coolant	<input type="checkbox"/>		
Exhaust system	<input type="checkbox"/>	_____	A/C	<input type="checkbox"/>		
			Hydraulic	<input type="checkbox"/>		
Belt tensioners	<input type="checkbox"/>	_____	Battery Voltage:	12.0 & Below 12.1 12.4 12.5 12.9		
			OEM Required (circle one)	SERVICE IMMEDIATE RECHARGE FULLY CHARGED		

The minimum voltage for delivery of any Pre-Owned BMW to a customer is 12.50v

Diagnostic fault review: Corrected & Cleared

(Please continue on back)

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 AFTER) is to be substantiated through attaching a copy of the Key Reader!

AREA	Meets BMW		Comments:
	Guidelines & Standards		
Driver's Seat Functions	Seatbelt	<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 - Dimming/Compass	<input type="checkbox"/>	_____
Windshield	Rain sensor operation	<input type="checkbox"/>	_____
	Head-up display	<input type="checkbox"/>	_____
On-Board Computer	Functional test	<input type="checkbox"/>	_____
Steering Wheel	Adjustable	<input type="checkbox"/>	_____
	Airbag	<input type="checkbox"/>	_____
Stalk controls	Audio functions/Thumbwheel	<input type="checkbox"/>	_____
	Horn functions	<input type="checkbox"/>	_____
	Heat function	<input type="checkbox"/>	_____
	Shift Paddles	<input type="checkbox"/>	_____
	Wiper/washer	<input type="checkbox"/>	_____
	High beams	<input type="checkbox"/>	_____
Pedal Function	Trip Computer/Info Display	<input type="checkbox"/>	_____
	Gas	<input type="checkbox"/>	_____
	Brake	<input type="checkbox"/>	_____
Gearshift Function	Clutch (where applicable)	<input type="checkbox"/>	_____
	Parking Brake Function	<input type="checkbox"/>	_____

HVAC Control	Meets BMW							
	Guidelines & Standards							
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		

HVAC Control	Fan	<input type="checkbox"/>	_____
	Temp range/Sync	<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"/>	_____
Navigation System	Functional Test	<input type="checkbox"/>	_____
	Night vision with infrared	<input type="checkbox"/>	_____
iDrive Controller	Check operation of all function keys	<input type="checkbox"/>	_____
	iDrive Touch function	<input type="checkbox"/>	_____
	Delete all customer data	<input type="checkbox"/>	_____
Audio Function	Radio:	<input type="checkbox"/>	_____
	AM/FM	<input type="checkbox"/>	_____
	CD/Aux	<input type="checkbox"/>	_____
	Satellite Radio	<input type="checkbox"/>	_____
	Speakers:	<input type="checkbox"/>	_____
	Balance/Fade	<input type="checkbox"/>	_____

VIN

Road Test

STATIONARY REVIEW (cont'd.)

AREA	Meets BMW		Comments:
	Guidelines & Standards		
Electrical	Vanity/visor	<input type="checkbox"/>	_____
	Map/interior	<input type="checkbox"/>	_____
	Headlights	<input type="checkbox"/>	_____
	Fog/Cornering 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"/>	_____
	Sunroof sunshade	<input type="checkbox"/>	_____
Rear sunshade	<input type="checkbox"/>	_____	
Door sunshades	<input type="checkbox"/>	_____	

SECTION 6: iBRAND AND PLUG-IN HYBRID VEHICLES

AREA	Meets BMW		Comments:
	Guidelines & Standards		
Check high voltage socket/connections/cables	<input type="checkbox"/>	_____	
Check AC charging function and SOC (State of Charge) after completion	<input type="checkbox"/>	_____	
High voltage battery must be 100% charged for CPO and at time of customer delivery	<input type="checkbox"/>	_____	
Check all function keys for iDrive	<input type="checkbox"/>	_____	

SECTION 7: ROLLING REVIEW

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

AREA	Meets BMW		Comments:
	Guidelines & Standards		
Engine Performance	Cold/hot starting	<input type="checkbox"/>	_____
	Idle smoothness	<input type="checkbox"/>	_____
	Acceleration	<input type="checkbox"/>	_____
Transmission Shifting	Manual/Automatic/SMG/M-DCT	<input type="checkbox"/>	_____
	Function(s)	<input type="checkbox"/>	_____
Cruise Control	Wind	<input type="checkbox"/>	_____
	Squeaks	<input type="checkbox"/>	_____
Vehicle Handling	Rattles	<input type="checkbox"/>	_____
	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"/>	_____
	Operation	<input type="checkbox"/>	_____
Instrument Gauges	Operation	<input type="checkbox"/>	_____
Rear View Camera	Operation	<input type="checkbox"/>	_____
Side & Top View Camera	Operation	<input type="checkbox"/>	_____
Other:		<input type="checkbox"/>	_____

SECTION 8: APPROVAL

Technician, Service Manager, and Pre-Owned Manager 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: _____