



RIIM MOTORCARS

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VEHICLE INSPECTION REPORT

Name: _____ Mileage: _____ Year/Make/Model: _____
VIN: _____ License: _____ email: _____

GREEN CHECKED AND OK **YELLOW** MAY REQUIRE ATTENTION **RED** REQUIRES IMMEDIATE ATTENTION

INTERIOR/EXTERIOR	
NOTE ANY EXISTING EXTERIOR BODY DAMAGE OR DEFECTS ON DIAGRAM	
<input type="checkbox"/>	Exterior Body
<input type="checkbox"/>	Windshield / Glass
<input type="checkbox"/>	Wipers
<input type="checkbox"/>	Lights (Head, Brake, Turn)
<input type="checkbox"/>	Interior Lights
<input type="checkbox"/>	AC Operation
<input type="checkbox"/>	Heating
<input type="checkbox"/>	Other _____

UNDER VEHICLE	
<input type="checkbox"/>	Brakes (Pads / Shoes)
<input type="checkbox"/>	Brake Lines / Hoses
<input type="checkbox"/>	Steering System
<input type="checkbox"/>	Shocks & Struts
<input type="checkbox"/>	Driveline (Axles / CV Shaft)
<input type="checkbox"/>	Exhaust System
<input type="checkbox"/>	Fuel Lines & Hoses
<input type="checkbox"/>	Other _____

UNDERHOOD	
<input type="checkbox"/>	Engine Oil
<input type="checkbox"/>	Brake Fluid
<input type="checkbox"/>	Power Steering Fluid
<input type="checkbox"/>	Washer Fluid
<input type="checkbox"/>	Belts & Hoses
<input type="checkbox"/>	Antifreeze/Coolant
<input type="checkbox"/>	Air Filter
<input type="checkbox"/>	Cabin Filter
<input type="checkbox"/>	Fuel Filter
<input type="checkbox"/>	Spark Plugs / Wires
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Battery Charge
<input type="checkbox"/>	Battery Condition
<input type="checkbox"/>	Cables & Connections



TIRES		
Tread Depth		
<input type="checkbox"/>	7/32" or greater	<input type="checkbox"/>
<input type="checkbox"/>	3/32" to 6/32"	<input type="checkbox"/>
<input type="checkbox"/>	2/32" or less	
LF	<input type="checkbox"/>	/32"
RF	<input type="checkbox"/>	/32"
LR	<input type="checkbox"/>	/32"
RR	<input type="checkbox"/>	/32"

	Wear Pattern/ Damage	Air Pressure	Tire Check/ OE Interval Suggests:	
	LF <input type="checkbox"/>	<input type="checkbox"/> TPMS Warning System		
	RF <input type="checkbox"/>	BEFORE		<input type="checkbox"/> Alignment
	LR <input type="checkbox"/>	OEM SPEC		<input type="checkbox"/> Balance
	RR <input type="checkbox"/>			<input type="checkbox"/> Rotation
			<input type="checkbox"/> New Tire	

Comments: _____

Inspected by: _____ Date: _____