



Customer:.....

Make / Model:.....

Reg No:

Engine Size:.....

Mileage:.....

Chassis No:.....

PRE ENGINE CHECKS

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Check vehicle history. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Check timing belt replacement interval*miles.....yrs |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Check for damage to bodywork, lamps, trims and oil level. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Fit protective covers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Check condition and operation of all seat belts. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Check operation of interior and exterior lights. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Check operation of ABS and air bag warning lights.* |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Check air conditioning operation including bad odour.* |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Check windscreen washers and wipers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Check horn. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Check operation of suspension dampers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Lubricate all door hinges, locks, and bonnet catches. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Apply Forté treatments to remove internal contamination. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Check fuel cap. |

UNDER THE BONNET

- ☐ 15. Check cooling system including fan operation.
 - ☐ 16. Check and record Anti-Freeze protection.°C
 - ☐ 17. Check and record brake fluid condition.
 - ☐ 18. Check all auxiliary drive belts (not timing belt).
 - ☐ 19. Check engine breather system.
 - ☐ 20. Check vacuum pipes.
 - ☐ 21. Check power steering operation and fluid condition.
 - ☐ 22. ~~Check throttle body. Clean if required.~~
 - ☐ 23. Check battery level and lubricate terminals.
 - ☐ 24. Check and top up all under bonnet fluid levels.
 - ☐ 25. Replace air filter.*
 - ☐ 26. Replace spark plugs.*
 - ☐ 27. Replace fuel filter.*
 - ☐ 28. Replace pollen filter.*

VEHICLE RAISED

- ☐ ☐ 29. Change oil, filter and fit new sump plug washer.
 - ☐ ☐ 30. Check fuel lines and brake pipes.
 - ☐ ☐ 31. Check the condition and security of the exhaust.
 - ☐ ☐ 32. Check and top up axle and transfer box oil levels.*
 - ☐ ☐ 33. Check and top up gearbox oil level.
 - ☐ ☐ 34. Check all steering and suspension joints, mountings and gaiters.
 - ☐ ☐ 35. Carry out tyre report.
 - ☐ ☐ 36. Check all wheel bearings for excessive 'play' and noise (adjust).
 - ☐ ☐ 37. Check CV gaiters and joints for wear or splits.
 - ☐ ☐ 38. Check clutch cable/cylinder.*
 - ☐ ☐ 39. Grease all greasing points.*
 - ☐ ☐ 40. Check operation and condition of front brakes.
 - ☐ ☐ 41. Check operation and condition of rear brakes (inc. handbrake).
 - ☐ ☐ 42. Carry out brake report.

VEHICLE LOWERED

- ☐ ☐ 43. Refill engine with specified grade oil.....w.....
- ☐ ☐ 44. Torque wheel nuts/studs.

Locking wheel nut key location.....

TO FINISH

- ☐ 45. ~~Carry out diagnostic check.**~~
- ☐ 46. Reset service interval indicator.*
- ☒ ☐ 47. Road test vehicle and report any findings.
- ☐ 48. Re-check engine oil level.
- ☒ 49. Ensure all upholstery, gear lever, steering wheel, etc. are clean.
- ☒ 50. Stamp service book(s).

TYRE REPORT		O/SF	N/SF	O/SR	N/SR	Spare
Condition						
Tread mm						
Pressure (Set to)						
Tyre Size	Front			Torque Nm		
	Back					
Tyre Repair Kit Sealant Expiry: OK <input type="checkbox"/> Replace <input type="checkbox"/>						
BRAKE REPORT	O/SF	N/SF	Standard Service Only		Limit	
			O/SR	N/SR		
Pads / Shoes					F mm	
					R mm	
Discs / Drums					F mm	
					R mm	
Brake Fluid Condition: OK <input type="checkbox"/> Needs Replacing <input type="checkbox"/>						
COMMENTS						
GARAGE STAMP						

Technician:..... Signature:..... Date:...../...../.....

☒ Done
 ☒ Requires attention
 n/a not applicable
 *where applicable
 †additional charges may be applicable

Additional service operations may be required for your vehicle make/model and will be charged at extra cost

☐ QC Print Name..... Signed..... © Forté 04/15 Code: ISSPAD2015

