

CUSTOMER NAME _____ HOME PHONE _____
 DATE _____ E-MAIL _____ BUSINESS PHONE _____
 YEAR _____ MODEL _____ VIN _____
 MILEAGE _____ R.O. # _____ SERVICE ADVISOR _____

FREE MULTI-POINT INSPECTION REPORT

CHECKED & OKAY

WILL REQUIRE FUTURE ATTENTION

REQUIRES IMMEDIATE ATTENTION

OK	FILL	FLUID LEVELS
<input type="checkbox"/>	<input type="checkbox"/>	Engine Oil
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Fluid
<input type="checkbox"/>	<input type="checkbox"/>	Coolant
<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid
<input type="checkbox"/>	<input type="checkbox"/>	Power Steering Fluid
<input type="checkbox"/>	<input type="checkbox"/>	Clutch Fluid
<input type="checkbox"/>	<input type="checkbox"/>	Window Washer Fluid

UNDER HOOD			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine Air Filter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System, A/C & Heating System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator, Heater, A/C Hoses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessory Drive Belts

Recommend: _____

UNDER VEHICLE			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shocks, Struts, Suspension Components
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Linkage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveshaft, Transmission, U-Joints, Shift Linkage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Springs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CV Boots/Axle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheel Alignment

Recommend: _____

GENERAL			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/Fog Lamps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signal Lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tail Lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiper Blades

Recommend: _____

BATTERY			
<input type="checkbox"/>	<input type="checkbox"/>	Factory Spec Cold Cranking Amps	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Actual Cold Cranking Amps	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Battery Terminals (Clean if necessary)	<input type="checkbox"/>

BRAKE INSPECTION

MEASURE FRONT/REAR BRAKE LININGS

LF

LR

RF

RR

Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)

3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"

Less than 3mm to 4/32" (Disc) or 1mm or 2/32" or less (Drum)

Brake Measurements Not Taken This Service Visit

TOWNE HYUNDAI

Note Vehicle Damage: _____

TIRE INSPECTION

TREAD DEPTH

LF

LR

RF

RR

Recommend: _____

TIRE WEAR INDICATES: Alignment Check Needed Wheel Balance Needed

TIRE PRESSURE SET TO FACTORY RECOMMENDED PSI FRONT REAR

Comments: _____

Your Next Service Appointment is:
 DATE _____ TIME _____
 ESTIMATE _____

CUSTOMER SIGNATURE _____
 INSPECTED BY _____ NUMBER _____

TOWNE HYUNDAI

(973) 366-7777

SHOP AND SAVE 24 HOURS A DAY WWW.TOWNEHYUNDAI.COM

Service & Parts Hours:
 Mon-Fri 7:30am-7:00pm
 Sat 7:30am-4:00pm

**3170 Route 10,
Denville, NJ 07834**

America's Best Warranty*
 10-Year/100,000-Mile
 Powertrain Limited Warranty
*See dealer for LIMITED WARRANTY details.

HYUNDAI Assurance