VEHICLE HEALTH CHECK

Reference _____

Date _____

Inspected by _____

Garage _____

CUSTOMER

Name _____

Phone _____

VEHICLE

Registration _____

Make / model _____

Mileage _____

Tyres (legal minimum 1.6mm)

Tyre	Tread mm	Pressure	OK	Advise	Urgent
Front left					
Front right					
Rear left					
Rear right					
Spare					

Lights and electrics	OK	Advise	Urgent	Notes
Headlights (dipped and main beam)				
Side and rear lights				
Brake lights				
Indicators and hazard lights				
Number plate lights				
Horn				
Battery and terminals				
Dashboard warning lights				

Visibility	OK	Advise	Urgent	Notes
Windscreen (chips and cracks)				
Wiper blades				
Screen washers				
Mirrors				

Brakes	OK	Advise	Urgent	Notes
Front pads				
Rear pads or shoes				
Discs and drums				
Brake fluid level and condition				
Handbrake / parking brake				

Under the bonnet	OK	Advise	Urgent	Notes
Engine oil level				
Coolant level				
Power steering fluid				
Screen wash				
Auxiliary drive belt				
Visible oil or fluid leaks				

Steering and suspension	OK	Advise	Urgent	Notes
Steering play and feel				
Shock absorbers				
Road springs				
Suspension joints and bushes				
CV boots				

Underside and exhaust	OK	Advise	Urgent	Notes
Exhaust system and mountings				
Corrosion on underbody and sills				
Fuel lines and brake pipes				

RECOMMENDATIONS

Visual health check only. This is not an MOT test certificate.

Customer signature

Date