

BRAKE INSPECTION CHECKLIST



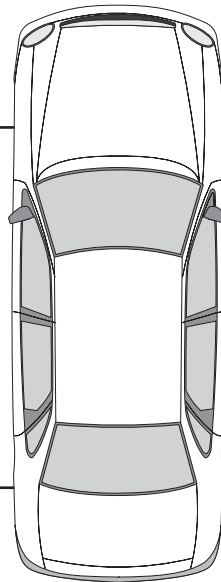
CUSTOMER INFORMATION:

Name		Address	
City	State	Zip	Phone/Cell Number

VEHICLE INFORMATION:

Make	Model	Year	Color	License Plate
VIN #				
BRAKE FLUID: Level		Color	Test Strip Result	
TEST DRIVE: Warning Lights: Red brake warning light: on <input type="checkbox"/> off <input type="checkbox"/> Amber ABS/Traction control light: on <input type="checkbox"/> off <input type="checkbox"/> Brake pedal feel and brake operation: Pulls: yes <input type="checkbox"/> no <input type="checkbox"/> - If yes, left <input type="checkbox"/> or right <input type="checkbox"/> Pedal pulsation: yes <input type="checkbox"/> no <input type="checkbox"/> Pedal sinking? yes <input type="checkbox"/> no <input type="checkbox"/> Other faults?: (describe)				

Pad Thickness:	Pad Specification:
Rotor Thickness:	Rotor Specification:
Visual Inspection: (Hoses, lines, caliper/wheel cylinder, etc.)	



Pad Thickness:	Pad Specification:
Rotor Thickness:	Rotor Specification:
Visual Inspection: (Hoses, lines, caliper/wheel cylinder, etc.)	

Pad /Lining Thickness/Diameter:	Pad/Lining Specification:
Rotor/Drum Thickness/Diameter:	Rotor/Drum Specification:
Visual Inspection: (Hoses, lines, caliper/wheel cylinder, etc.)	

Pad /Lining Thickness/Diameter:	Pad/Lining Specification:
Rotor/Drum Thickness/Diameter:	Rotor/Drum Specification:
Visual Inspection: (Hoses, lines, caliper/wheel cylinder, etc.)	

PARKING BRAKE:

Operating properly? yes <input type="checkbox"/> no <input type="checkbox"/> - If no, describe fault:
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