

Stevens Creek Subaru

VEHICLE HEALTH INSPECTION

PREPARED FOR: VASU VIJAY



Vasu Vijay

688 Bancroft Street
Santa Clara CA 95051
5129499245

DATE November 15, 2022
VIN JF2SKADC6LH467105
YEAR 2020
MAKE Subaru
MODEL FORESTER
MILEAGE 38442
RO # 6100177

Stevens Creek Subaru
<https://www.stevenscreeksubaru.com>

Gilbert Villarreal
gilbert@stevenscreeksubaru.com

Hammam Ismail (tech)

3225 Stevens Creek Blvd
San Jose CA 95117

(877) 764-8568

STEVENS CREEK SUBARU

This booklet provides a summary of the technician's inspection of your vehicle. Our goal is to service and maintain your vehicle to ensure optimal safety and extend its life. Feel free to review the technician's findings to keep you informed about your vehicle's condition. Should you have any questions about the technician's findings, don't hesitate to ask your Service Advisor to clarify. The better educated you are about your vehicle's operation and condition, the greater the likelihood that your vehicle will be a pleasure to drive. We continually strive to offer our customers the best possible experience through ongoing training in your vehicle's operation and maintenance. We are not satisfied until you are completely satisfied.






















RO#: 6100177

Customer Name: Vasu Vijay

Created: 11/15/2022 05:39:00 PM

Advisor Name: Gilbert Villarreal

Technician Name: Hammam I

 Checked & Okay at this Time May Require Future Attention Requires Immediate Attention**Maintenance Schedule** Check Factory-Scheduled Maintenance Interval
- -**State Inspection** State Inspection - - MONTH State Inspection Due - - YEAR State Inspection Due - -**Open Recall** Open Recalls / Campaigns - - Recall # - - Recall # - - Recall # - - Recall # - -**Interior Inspection** Cabin Air Filter Door Latches/Power Lock Operation Windshield Wiper Condition/Washer
Operation Parking Brake Brake Pedal & Master Cylinder Operation Clutch Pedal & Master Cylinder Operation Seat Belt Operation Instruments, Gauges, Warning Lights - - Telematics Subscription Horn Operation Exterior Lighting Operation Heating, Ventilation, AC System Operation Glass/Power Window Operation Rearview & Side Mirror Operation (auto-
dimming) 12V Outlet(s) Operation**Underhood Inspection** Accessory Drive Belt(s) Radiator/Coolant System/Hoses
(condition/leaks) Engine Air Filter Hood Latch**Brakes** L/F Brake Pads - 7 L/F Pad/Caliper Movement - Good L/F Rotor Condition - Good R/F Brake Pads - 7 R/F Pad/Caliper Movement - Good R/F Rotor Condition - Good L/R Brake Pads - 5 L/R Pad/Caliper Movement - Good L/R Rotor Condition - Good R/R Brake Pads - 5 R/R Pad/Caliper Movement - Good R/R Rotor Condition - Good**Tires** L/F Tire Tread - 3 L/F Wear Pattern - Good L/F Tire Pressure - 33 R/F Tire Tread - 3 R/F Wear Pattern - Good R/F Tire Pressure - 33 L/R Tire Tread - 5 L/R Wear Pattern - Good L/R Tire Pressure - 32 R/R Tire Tread - 5 R/R Wear Pattern - Good R/R Tire Pressure - 32 Tire Set Matches - - Alignment Recommended - - Wheel Balance Recommended - - Spare Tire / Repair Kit PSI - - Lug Nut Torque ft-lb - -

Fluid Level Inspection

- ☒ ☐ ☐ Engine Oil - OK
- ☒ ☐ ☐ Coolant - OK
- ☒ ☐ ☐ Power Steering Fluid (Non-EPS only) - OK
- ☒ ☐ ☐ Transmission Fluid - OK
- ☒ ☐ ☐ Front Differential Oil - OK
- ☒ ☐ ☐ Rear Differential Oil - OK
- ☒ ☐ ☐ Brake/Clutch Fluid - OK
- ☒ ☐ ☐ Washer Fluid - OK

Battery Inspection

- ☒ ☐ ☐ Terminals/Cables - Good
- ☒ ☐ ☐ Battery Test/Condition - Good

Drive Components Suspension Exterior Inspection

- ☒ ☐ ☐ Shocks/Struts
- ☒ ☐ ☐ Suspension & Chassis Components/Bushings/Ball Joints
- ☒ ☐ ☐ Steering System (rack/tie rods/pump/lines)
- ☒ ☐ ☐ Axles/CV Boots
- ☒ ☐ ☐ Prop Shaft/U-joints
- ☒ ☐ ☐ Exhaust System (damage, loose parts, leaks)
- ☒ ☐ ☐ Transmission (linkages/clutch hydraulics)
- ☒ ☐ ☐ Engine/Transmission (damage, fluid leaks)
- ☒ ☐ ☐ Engine/Transmission Mounts
- ☒ ☐ ☐ Front/Rear Differentials
- ☒ ☐ ☐ Brake Hoses/Lines
- ☒ ☐ ☐ Calipers/Slides (condition, movement)

Signature_____Date_____

KNOW YOUR VEHICLE

Stevens Creek Subaru wants our customers to have the necessary information to make informed decisions regarding vehicle repair and maintenance. You have numerous references available to assist with this process including your Service Advisor: Gilbert Villarreal. To help you start, we've included the following information specific to the findings of your vehicle inspection conducted by Hammam I. An educated customer is a happier customer and that's our goal at Stevens Creek Subaru.

View all media for this Repair Order by clicking [here](#)

CUSTOMER STATES Radio seems to be in a cycle - turns on, is on for a few seconds and then goes off and then turns on again. CHECK AND ADVISE

PERFORM EXPRESS SERVICE VEHICLE INSPECTION - - -

TIRE PRESSURE CHECK

Alignment - Four Wheel

Miscellaneous Radio/Special Equipment - HEAD UNIT

Cabin Air Filter - Replace

CUSTOMER #: 106983

6100177

PRE-WORKORDER

Vasu Vijay
688 Bancroft Street
Santa Clara, CA 95051
vasu_vijay@yahoo.com

HOME: 5129499245

CONT: 5129499245

BUS:

CELL: 5129499245

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Service Hours

Mon-Fri 7:30 am - 6:00 pm

Sat 8:00 am - 5:00 pm

B.A.R. REG.#ARD00200273

EPA# CAL000188696

SERVICE ADVISOR: Gilbert Villarreal

COLOR	YEAR	MAKE/MODEL		VIN		LICENSE	MILEAGE IN/ OUT		TAG
	2020	Subaru FORESTER		JF2SKADC6LH467105		8NSX812	38442		8596
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV. DATE	
01/01/2020								11/15/2022	
R.O. OPENED		READY		OPTIONS:					
11/15/2022									

LINE	OP CODE	DESCRIPTION	DURATION	ESTIMATE
# A	REP	CUSTOMER STATES Radio seems to be in a cycle - turns on, is on for a few seconds and then goes off and then turns on again. CHECK AND ADVISE		280.00
# B	SESINSP	PERFORM EXPRESS SERVICE VEHICLE INSPECTION - - -		0.00
# C	PSI	TIRE PRESSURE CHECK		0.00
ADDITIONAL SERVICE RECOMMENDATIONS				
# D	RD001	Miscellaneous Radio/Special Equipment - HEAD UNIT		0.00
DECLINED SERVICES				
	MA83	Cabin Air Filter - Replace		89.95
	MB4	Four Tires - Mount and Balance 225/60R17		691.28
	FS02	Alignment - Four Wheel		169.95
Subtotal				280.00
Shop Charges				0.00
Sales Tax				0.00
Total				280.00

Printed On 11/15/2022 1:37 PM

Estimate Expires on 12/15/2022

BY LAW, YOU MAY CHOOSE ANOTHER LICENSED SMOG CHECK FACILITY TO PERFORM ANY NEEDED REPAIRS OR ADJUSTMENTS WHICH THE SMOG CHECK TEST INDICATES ARE NECESSARY. TEARDOWN/REASSEMBLY: If you authorize teardown of the vehicle or commencement of repairs, but do not authorize completion of a repair or service, a charge may be imposed for teardown, reassembly or partially completed work and you agree to pay the same. It is necessary to disassemble the vehicle to provide an estimated price for repairs. The estimated teardown and reassembly charge (including parts and labor) is \$ _____. The maximum time for reassembly will be _____ X. You understand that disassembly may prevent restoration of the vehicle to its former condition.

☐ **SUBLET REPAIRS:** Some repairs must be sublet due to the type of service required. The location will be disclosed upon request.

PAYMENT TERMS: I agree to pay for all labor and materials in Cash or approved credit card (unless the Dealership agrees to other payment arrangements in advance) simultaneously with delivery of the vehicle to me or 3 days after receiving notice that the vehicle is ready to be picked up. An express mechanics lien is hereby acknowledged on the vehicle to secure the cost of labor, materials, storage and/or towing charges. I understand that a storage charge equal to \$150 will be assessed and shall accrue daily if I fail to pick up the vehicle within 3 days from the date I am notified that the repairs have been completed or after the communication of an estimate if I fail to authorize repairs.

POWER-OF-ATTORNEY: I hereby appoint the Dealership as my attorney-in-fact and authorize it to sign my name upon any checks, drafts or other forms of payment issued in payment of this Repair Order. X

By Signing Below: I agree that: (1) I have read this Repair Order and I authorize the completion of the services/repairs listed above in accordance with the terms and conditions herein; (2) the Dealership is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, hail, wind or any other cause beyond its control; (3) the Dealership may operate the vehicle on streets, highways or public roadways for the purpose of testing and/or inspecting the vehicle; (4) I authorize the retrieval of on-board data as needed to facilitate vehicle repairs and the sharing of that data with the vehicle manufacturer for diagnostic or research purposes; and (5) you may contact me by telephone, text, or other electronic means at any address or telephone number I provide you even if the contact results in a charge to me.

Customer _____ Date _____
Dealer: CAP 2014 CDK Global, LLC (01/19) WORKORDER TYPE 2 - SW2C - Limited Warranty/As Is - CALIFORNIA - 9694522

PARTS: All parts are new unless otherwise indicated. Remanufactured and refurbished parts that meet manufacturer approved source part requirements may be installed at our discretion. Additional information is available upon request. You may inspect all parts removed from the vehicle upon request. If our Dealership does not have to return the parts to the manufacturer or distributor under a warranty arrangement and they are not exempt due to their size, weight or other factors, they will be returned to you upon request.

☒ Some Parts Not Returnable ☐ Please Save Replaced Parts

ESTIMATE: PLEASE CHOOSE THE KIND OF ESTIMATE YOU WANT TO RECEIVE BY INITIATING BESIDE ONE OF THE FOLLOWING CHOICES AND INDICATE THE BEST WAY TO CONTACT YOU IF NECESSARY.

WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ ELECTRONIC EST. _____

By Telephone at: _____ By Fax to: _____

By E-Mail to: _____

PRELIMINARY ESTIMATE \$ 280.00

DESIGNATION OF PERSON TO AUTHORIZE ADDITIONAL DIAGNOSIS, REPAIR, OR PARTS.

I hereby designate the individual named below to authorize any additional work not specified or parts not included in the original estimate for parts and labor:

Name of Designee: _____ Phone Number: _____

Fax Number: _____ E-Mail Address: _____

Customer: _____ Date: _____

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:
\$ _____	\$ _____			<input type="checkbox"/> Telephone _____ <input type="checkbox"/> Text _____ <input type="checkbox"/> Email/Fax (See Attached)
Revised Estimate	\$ _____			<input type="checkbox"/> Telephone _____ <input type="checkbox"/> Text _____ <input type="checkbox"/> Email/Fax (See Attached)

Description: _____

I acknowledge notice and oral approval of an increase in the original estimated price.

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

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Vijay | 6100177

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