

Vehicle Inspection Report

Customer Details

Date

/

/

Time Req.

Invoice No.

Name

Address

Suburb

Postcode

Phone Number (Mobile / Day)

Email

How long since the wheels were last balanced?

☐ 0-6 months

☐ 6-12 months

☐ Over 12 months

How long since your last wheel alignment?

☐ 0-6 months

☐ 6-12 months

☐ Over 12 months

Vehicle Details

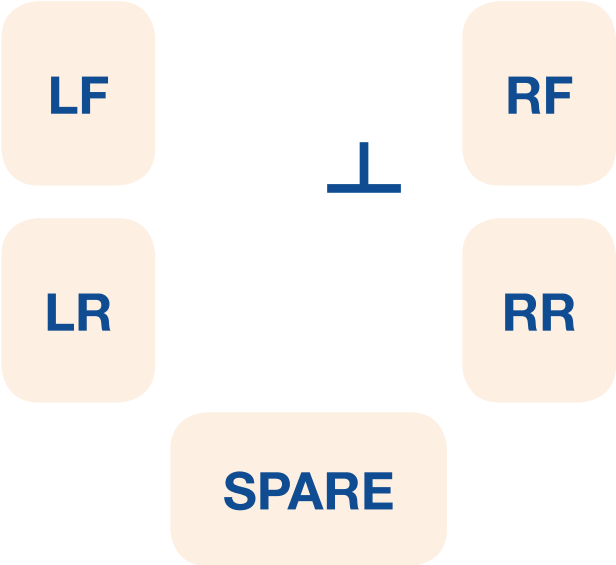
Vehicle Make

Vehicle Model

Registration Number

Odometer

Comments



Spare Condition:

Quote/Work Order

DETAILS OF WORK TO BE PERFORMED						QTY	PRICE
Tyres							
Balances	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Alloy	<input type="checkbox"/>	Premium	
Alignment -	<input type="checkbox"/>	Standard	<input type="checkbox"/>	Thrust	<input type="checkbox"/>	4Wheel	<input type="checkbox"/>
Wheels							
Battery Report - See Attached							
Brakes							
Other -							
Puncture Repair							
TOTAL						\$	

Customer Approval

Please proceed with the services indicated, but contact me if additional service is recommended. I authorise Goodyear & Dunlop Tyres (Aust) Pty Ltd, licencees, agents and employees (Goodyear) to drive this vehicle.

Goodyear collects my contact details so it can remind me when it is time to service my tyres, about special offers, promotions, products or services that may be of interest to me, for complying with legislative and regulatory requirements and emailing me to provide information for any of these purposes.

☐

I would like to receive service reminders and information about products or services.

☐

For Auto Clubs members only: Beaufepaires won't collect Auto Clubs members data unless the member has opted 'in' the tick box.

Please tick the preferred payment method:

☐ Cash

☐ Visa / Mastercard

☐ Account

☐ Other

☐ Eftpos

☐ Amex / Diners

☐ Finance

Customer Approval:

☐

Call when vehicle is ready

I agree that if I fail to collect my vehicle at the time nominated by Goodyear, I do so at my own risk and not Goodyear's.

Workshop Signoff

Inspection Completed By



Tyre Services Checklist

Wheel Alignment Report

BEFORE ADJUSTMENT			AFTER ADJUSTMENT		
FRONT	LEFT	RIGHT	FRONT	LEFT	RIGHT
CAMBER			CAMBER		
CASTER			CASTER		
TOE-IN			TOE-IN		
FRONT	LEFT	RIGHT	FRONT	LEFT	RIGHT
CAMBER			CAMBER		
CASTER			CASTER		
TOE-IN			TOE-IN		

Wheel Aligner’s Checklist

PLEASE TICK OR INITIAL AS COMPLETED	
STEERING WHEEL STRAIGHT	
VEHICLE ROAD TESTED	
SEAT COVER/FLOOR MAT REMOVED	
WINDSCREEN STICKER INSTALLED	
INSPECTION COMPLETED BY:	

Tyre Technician’s Checklist

PLEASE TICK OR INITIAL AS COMPLETED	
WHEEL NUTS TORQUED	
METAL VALVE CAPS FITTED	
TYRES GLOSSED	
BATTERY STICKER FITTED	
SPARE TYRE STICKER FITTED	
INSPECTION COMPLETED BY:	

Battery Check

TEST RESULT
TERMINALS

Visual Brake Inspection	COMMENTS
FRONT CALLIPERS/WHEEL CYLINDERS	
FRONT BRAKES % WORN	
FRONT DISCS/DRUMS	
REAR CALLIPERS/WHEEL CYLINDERS	
REAR BRAKES % WORN	
REAR DISCS/DRUMS	
FLEXIBLE HYDRAULIC BRAKES HOSES	

REPORT ANY INSPECTION FAILURES TO THE MANAGER IMMEDIATELY