

# VEHICLE RETURN CHECKLIST

Date	D	D	M	M	Y	Y	Y	Y	Odometer reading										
Job Card No.																			
Reg No.									Accessories										
Make									Jack	Yes		No		Wheel spanner	Yes		No		
									Spare wheel	Yes		No		Triangles	Yes		No		
									Hub Caps	Yes		No		Mats	Yes		No		
Vehicle Model									Other										
Type of radio																			
Number of keys handed over									Car washed	Yes		No							

Tyre brand and condition ( state whether good or unlawfully replaced or changed /missing/stolen)					
Front Right	Good / Moderate / Poor		Rear Right	Good / Moderate / Poor	
Front Left	Good / Moderate / Poor		Rear Left	Good / Moderate / Poor	
Tyre Brand Front Right			Tyre Brand Rear Right		
Tyre brand Front Left			Tyre Brand Rear Left		

Fuel gauge (amount of fuel left at the time of repairs, P/beatng, services, B/down ect)												
Full		3/4		1/2		1/4	Empty					
Driver: Name & surname				Name: Company sales Representative								
Persal Number				Signature								
Signature				Date	D	D	M	M	Y	Y	Y	Y
Date	D	D	M	M	Y	Y	Y	Y				

Sketches to be revised (before and after) – vehicle, combi and ldv – Damage to be indicated with and X with a description in the space provided.	
	