

Vehicle Inspection Checklist

For complete details, please refer to the Inspection Guidelines Section of the CPO BMW Vehicle Program Center Operations Manual

Enrollment & Vehicle History

STOCK NO.: _____

DATE: _____ CENTER NAME: _____ CENTER NO.: _____

CHASSIS NO.: _____ MILEAGE: _____ MODEL: _____ MODEL YEAR: _____

KEYS: MASTERS VALET **Mileage is to be substantiated through attaching a copy of the Key Reader**

SOURCE: BMW FS OFF-LEASE OTHER OFF-LEASE TRADE-IN AUCTION OTHER

SECTION 1: VEHICLE BACKGROUND & MAINTENANCE

CPO ENROLLMENT DATE: _____ **If NOT enrolled as CPO [Pending or Active], STOP!**

SERVICE ADVISOR NAME: _____ EMPLOYEE #: _____

REPAIR ORDER #: _____ DATE OPENED: _____ VEHICLE ORIGINAL IN-SERVICE DATE: _____

Service Interval Indicator (SIA)
CURRENT SERVICE INDICATOR: _____ remaining miles

Condition Based Service (CBS) **CBS printout REQUIRED**

Item	Service is due in:	Comments:	Item	Service is due in:	Comments:
Engine Oil	Date/Miles	_____	Microfilter	Months	_____
Front Brakes	Miles	_____	Brake Fluid	Months	_____
Rear Brakes	Miles	_____	Air Cleaner	Date/Miles	_____
Vehicle Check	Date/Miles	_____	Spark Plugs	Months (applicable models only)	_____

VEHICLE MAINTENANCE HISTORY

BMW NA DCS Service History printout REQUIRED

Engine Oil Services:	YES	Date of Service:	Brake Services:	YES	Date of Service:
First Service	<input type="checkbox"/>	_____	Front Pads	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____	Rear Pads	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____	Front Rotors	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____	Rear Rotors	<input type="checkbox"/>	_____
M-Model 1200 mile Running-In Check	<input type="checkbox"/>	_____	Fluid Flush	<input type="checkbox"/>	_____
To specification – not to exceed 2400 miles	<input type="checkbox"/>	_____			

Inspections (SIA Vehicles):	YES	Date of Service:	Other:	YES	Date of Service:
1	<input type="checkbox"/>	_____	Diesel Fuel Filter	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	_____	Vehicle Check	<input type="checkbox"/>	_____

OPEN CAMPAIGNS? YES NO
NON-BMW PERFORMANCE MODIFICATIONS? YES NO
HAS CARFAX OR AUTOCHECK REPORT BEEN RUN? YES NO
 Does CARFAX or AutoCheck report disqualify for CPO? YES NO
BODY REPAIR HISTORY: Repair Order(s): _____ Date _____ Center _____ Mileage _____
 Comments – include any known damage/repairs: _____

INSTRUMENT CLUSTER:
 Has the instrument cluster been replaced? YES NO
 If YES, does the current cluster reflect the **TOTAL** and **TRUE** mileage? YES NO

STOP! **Vehicles NOT qualified for enrollment or sale as CPO:**

- Inconsistent or incomplete maintenance history
- Non-BMW performance modifications
- Disqualifying CARFAX or AutoCheck report

SECTION 2: WHEEL ASSEMBLY

TIRE INSPECTION

TIRE TREAD DEPTH (minimum 3 mm when measured from the TOP of wear indicators) & SIDEWALL INSPECTION:

Location	Pressure	Inside	Center	Outside	OEM*	Brand, Type, Size, Speed Rating, Tread, & Condition:
Left Front	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Left Rear	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Spare	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Right Rear	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Right Front	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

IS M-MOBILITY KIT TO STANDARD? Y N

WHEEL INSPECTION

Location	OEM*	Style, Condition & Torque:	Location:	OEM*	Style, Condition & Torque:
Left Front	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Right Rear	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Left Rear	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Right Front	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Spare	<input type="checkbox"/> Y <input type="checkbox"/> N	_____			

BRAKE INSPECTION

BRAKE PADS (minimum 5 mm of friction material) & ROTOR INSPECTION:

Location	Pad Measurement	OEM*	Rotor Condition	OEM*	Comments:
Left Front	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Left Rear	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Right Rear	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Right Front	_____ mm	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

* Replace mismatched and/or non-approved safety related components with Original Equipment Manufacturer (OEM) BMW parts. Refer to the Certified Pre-Owned Center Operations Manual, Section 2 - Vehicle Inspection Guidelines & Standards.

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VIN

Road Test

Minimum road test time period: 20 uninterrupted minutes
Minimum road test distance: 5 continuous miles!

SECTION 5: STATIONARY REVIEW

Mileage before: _____ Mileage after: _____

Mileage (BEFORE and AFTER) is to be substantiated through attaching a copy of the Key Reader!

	AREA	Meets BMW Guidelines & Standards	Comments:	
Driver's Seat Functions	Seatbelt	<input type="checkbox"/>	_____	
	Front/back - up/down	<input type="checkbox"/>	_____	
	Headrest	<input type="checkbox"/>	_____	
	Lumbar (where applicable)	<input type="checkbox"/>	_____	
Mirror Functions	Outside left/right	<input type="checkbox"/>	_____	
	Interior – Gentex	<input type="checkbox"/>	_____	
Navigation System	Functional <u>Test</u> and <u>Deliver</u> with a <u>working CD or DVD</u> .	<input type="checkbox"/>	_____	
	Night vision with infrared	<input type="checkbox"/>	_____	
Windshield	Rain sensor operation	<input type="checkbox"/>	_____	
	Head-up display	<input type="checkbox"/>	_____	
On-Board Computer	Functional test	<input type="checkbox"/>	_____	
	Steering Wheel	Adjustable	<input type="checkbox"/>	_____
Airbag		<input type="checkbox"/>	_____	
Audio functions		<input type="checkbox"/>	_____	
Horn functions		<input type="checkbox"/>	_____	
Heat function		<input type="checkbox"/>	_____	
Shift Paddles		<input type="checkbox"/>	_____	
Stalk controls		Wiper/washer	<input type="checkbox"/>	_____
		High beams	<input type="checkbox"/>	_____
Pedal Function		Computer	<input type="checkbox"/>	_____
		Gas	<input type="checkbox"/>	_____
	Brake	<input type="checkbox"/>	_____	
Gearshift Function	Clutch (where applicable)	<input type="checkbox"/>	_____	
	Parking Brake Function	<input type="checkbox"/>	_____	
HVAC Control	Heat: (circle one)	50F <input type="checkbox"/> 55F <input type="checkbox"/> 60F <input type="checkbox"/> 65F <input type="checkbox"/> 70F <input type="checkbox"/> 75F <input type="checkbox"/> 85F <input type="checkbox"/>	_____	
		SERVICE	ACCEPTABLE	GOOD
	A/C: (circle one)	40F <input type="checkbox"/> 45F <input type="checkbox"/> 50F <input type="checkbox"/> 55F <input type="checkbox"/> 60F <input type="checkbox"/> 65F <input type="checkbox"/> 70F <input type="checkbox"/>	_____	
		GOOD	ACCEPTABLE	SERVICE
	Fan	<input type="checkbox"/>	_____	
	Temp range	<input type="checkbox"/>	_____	
	Blower speeds	<input type="checkbox"/>	_____	
	Blower: Defrost	<input type="checkbox"/>	_____	
		Center	<input type="checkbox"/>	_____
		Lower	<input type="checkbox"/>	_____
	Vent controls	<input type="checkbox"/>	_____	
	Windshield defogger	<input type="checkbox"/>	_____	
	Rear window defroster	<input type="checkbox"/>	_____	
	Recirculating	<input type="checkbox"/>	_____	
	Audio Function	Radio:	<input type="checkbox"/>	_____
AM		<input type="checkbox"/>	_____	
FM		<input type="checkbox"/>	_____	
CD		<input type="checkbox"/>	_____	
Aux Input		<input type="checkbox"/>	_____	
Satellite Radio		<input type="checkbox"/>	_____	
Speakers:		<input type="checkbox"/>	_____	
Balance		<input type="checkbox"/>	_____	
Fade		<input type="checkbox"/>	_____	

