

Hansen Enterprises Fleet Repair, LLC

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MOTOR HOME SERVICE & INSPECTION

Customer: _____ Date: _____

Year _____ Make / Model _____ Miles _____

	Good	Rec.	Severe	Recommendations
Drain Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspect Drain Plug Gasket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Replace Oil Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Replace Coolant Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Check Engine Air Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brake Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power Steering Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Window Washer Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Check Coolant Level & Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deg _____ PH _____ Nitrates _____
Visual Inspection of Radiator Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visual Inspection of Radiator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visual Inspection of Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Check Battery Terminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Test #1 Engine Battery Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volts _____ CCA _____
Test #2 Engine Battery Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volts _____ CCA _____
Lubricate Grease Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspect Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transmission Fluid Level & Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Check Differential Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspect Brake Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	LF _____/32, RF _____/32, RR _____/32, LR _____/32			
Inspect Axle Seals For Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspect Hub Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Check Tire Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspect Tire Tread Depth & Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refill Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Test Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspect Filters & Drain Plug For Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

TECHNICIAN REMARKS
