

# 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.



# Vehicle Inspection Checklist

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:	
<b>Driver's Seat Functions</b>	Seatbelt	<input type="checkbox"/>	_____	
	Front/back - up/down	<input type="checkbox"/>	_____	
	Headrest	<input type="checkbox"/>	_____	
	Lumbar (where applicable)	<input type="checkbox"/>	_____	
<b>Mirror Functions</b>	Outside left/right	<input type="checkbox"/>	_____	
	Interior – Gentex	<input type="checkbox"/>	_____	
<b>Navigation System</b>	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"/>	_____	
<b>Windshield</b>	Rain sensor operation	<input type="checkbox"/>	_____	
	Head-up display	<input type="checkbox"/>	_____	
<b>On-Board Computer</b>	Functional test	<input type="checkbox"/>	_____	
	<b>Steering Wheel</b>	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"/>	_____	
<b>Stalk controls</b>		Wiper/washer	<input type="checkbox"/>	_____
		High beams	<input type="checkbox"/>	_____
<b>Pedal Function</b>		Computer	<input type="checkbox"/>	_____
		Gas	<input type="checkbox"/>	_____
	Brake	<input type="checkbox"/>	_____	
<b>Gearshift Function</b>	Clutch (where applicable)	<input type="checkbox"/>	_____	
	<b>Parking Brake Function</b>	<input type="checkbox"/>	_____	

<b>HVAC Control</b>	<b>Heat:</b> (circle one)	50F	55F	60F	65F	70F	75F	85F
	<b>A/C:</b> (circle one)	40F	45F	50F	55F	60F	65F	70F

SERVICE	ACCEPTABLE	GOOD
GOOD	ACCEPTABLE	SERVICE

<b>Audio Function</b>	Fan	<input type="checkbox"/>	_____	
	Temp range	<input type="checkbox"/>	_____	
	Blower speeds	<input type="checkbox"/>	_____	
	Blower: Defrost	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"/>	_____	
	<b>Speakers:</b>	<b>Radio:</b>	<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"/>	_____
Balance	<input type="checkbox"/>	_____		
Fade	<input type="checkbox"/>	_____		

