

REPAIR CHECKLIST

Job No: _____

✓ = Completed

× = Not Applicable

Disassembly

Technician _____

<input type="checkbox"/>	Completed as per Job Sheet
<input type="checkbox"/>	Photos taken (No. _____)

Completed Initial _____
Date _____

Reassembly

Technician _____

<input type="checkbox"/>	Check Undersealing
<input type="checkbox"/>	Check Rustproofing
<input type="checkbox"/>	Check Water leaks
<input type="checkbox"/>	Check Fluid levels
<input type="checkbox"/>	Check Antifreeze
<input type="checkbox"/>	Reset clock
<input type="checkbox"/>	Reset radio
<input type="checkbox"/>	Check Central locking
<input type="checkbox"/>	Test Horn
<input type="checkbox"/>	Test Tail-lights
<input type="checkbox"/>	Check No. Plate lights
<input type="checkbox"/>	Test/Set Headlights
<input type="checkbox"/>	Check Flasher lamps
<input type="checkbox"/>	Check battery terminals
<input type="checkbox"/>	Check wheel nuts
<input type="checkbox"/>	Check Wipers (front & rear)
<input type="checkbox"/>	Check Dashboard warning lights
<input type="checkbox"/>	Check Badges & Mouldings
<input type="checkbox"/>	Complete Road Test
<input type="checkbox"/>	Photos taken (No. _____)

Completed Initial _____
Date _____

Repair

Panel Technician _____

<input type="checkbox"/>	Repair quality verified
<input type="checkbox"/>	Panel fit verified
<input type="checkbox"/>	Pinholes filled
<input type="checkbox"/>	Pre-fit completed
<input type="checkbox"/>	New parts – checked & mirror matched
<input type="checkbox"/>	Recycled parts – checked & mirror matched
<input type="checkbox"/>	Disassembly completed
<input type="checkbox"/>	Cleaned for paintshop
<input type="checkbox"/>	Photos taken (No. _____)

Completed Initial _____
Date _____

Refinish

Paint Technician _____

<input type="checkbox"/>	Finish quality verified
<input type="checkbox"/>	Colour match verified
<input type="checkbox"/>	Buffing & Polishing completed
<input type="checkbox"/>	Overspray & Misting removed
<input type="checkbox"/>	Sill clamp marks painted
<input type="checkbox"/>	Underbody & wheel arches painted
<input type="checkbox"/>	Bolts brush touched
<input type="checkbox"/>	Cleaned for reassembly
<input type="checkbox"/>	Photos taken (No. _____)

Completed Initial _____
Date _____



Sublets

Technician _____

<input type="checkbox"/>	Pinstripes & Decals
<input type="checkbox"/>	Wheel Alignment
<input type="checkbox"/>	Air Conditioning
<input type="checkbox"/>	Wheel repairs
<input type="checkbox"/>	Mechanical repairs
<input type="checkbox"/>	Other

Completed Initial _____
Date _____

Detailing

Technician _____

<input type="checkbox"/>	Polishing complete
<input type="checkbox"/>	Check door shuts
<input type="checkbox"/>	No compound left in door shuts
<input type="checkbox"/>	Engine bay
<input type="checkbox"/>	Vacuumed
<input type="checkbox"/>	Overspray mist

Completed Initial _____
Date _____

Final Inspection

Inspected by _____

Completed

Signature _____

Date _____