



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 Wallet **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: _____

CURRENT SERVICE INDICATOR DISPLAY: OR _____ remaining miles

Condition Based Service (model dependent) **CBS printout REQUIRED!**

Item	Service is Due in:	Comments:	Item	Service is Due in:	Comments:
Engine Oil	_____ Miles	_____	Microfilter	_____ Miles	_____
Front Brakes	_____ Miles	_____	Brake Fluid	_____ Months	_____
Rear Brakes	_____ Miles	_____	Coolant	_____ Months	_____

VEHICLE MAINTENANCE HISTORY

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"/>	_____
Inspections			Fluid Flush	<input type="checkbox"/>	_____
1	<input type="checkbox"/>	_____	Other		
2	<input type="checkbox"/>	_____	Coolant Flush	<input type="checkbox"/>	_____
			Belt(s) Replaced	<input type="checkbox"/>	_____
			Wipers/Inserts	<input type="checkbox"/>	_____
			Filters (Cabin/Engine)	<input type="checkbox"/>	_____

OPEN CAMPAIGNS? YES NO

BODY REPAIR HISTORY:

Body Repair History: Repair Order(s): _____ Date _____ Center _____ Mileage _____

Comments: _____

INSTRUMENT CLUSTER:

Has the Instrument Cluster been replaced? YES NO
 If YES, does the current Cluster reflect the **TOTAL** and **TRUE** mileage YES NO



Vehicles with an inconsistent or incomplete maintenance history are NOT qualified for enrollment or sale as CPO.

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	O E M*	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	_____

WHEEL INSPECTION

Location	O E M*	Style, Condition & Torque:	Location:	O E M*	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	O E M*	Rotor Condition	O E M*	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 and accessories available through the BMW Parts Department and as specified in KSD, the BMW Tire Center and related BMW Aftersales Development, Technical Service, and Parts Bulletins.

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VIN

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Body & Mechanical

SECTION 3: BODY CONDITION, FIT & FINISH

AREA	Meets BMW Guidelines & Standards	Comments	AREA	Meets BMW Guidelines & Standards	Comments
Front bumper	<input type="checkbox"/>	_____	GLASS AREA	O E M*	
Hood	<input type="checkbox"/>	_____	Windshield	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Core support	<input type="checkbox"/>	_____	Door & side glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Engine carrying rails	<input type="checkbox"/>	_____	Rear window	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Inner fenders	<input type="checkbox"/>	_____	Exterior mirrors	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Front fenders: left & right	<input type="checkbox"/>	_____	Interior mirror	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Doors: left/right, front/back	<input type="checkbox"/>	_____	INTERIOR		
A pillar: left/right	<input type="checkbox"/>	_____	Door weather seal	<input type="checkbox"/>	_____
B pillar: left/right	<input type="checkbox"/>	_____	Carpet/floor mats	<input type="checkbox"/>	_____
C pillar: left/right	<input type="checkbox"/>	_____	Wood/Aluminum trim	<input type="checkbox"/>	_____
D pillar: left/right	<input type="checkbox"/>	_____	Cupholder(s)	<input type="checkbox"/>	_____
Rocker/sill panels	<input type="checkbox"/>	_____	Interior light(s)	<input type="checkbox"/>	_____
Roof	<input type="checkbox"/>	_____	Glovebox	<input type="checkbox"/>	_____
Convertible top	<input type="checkbox"/>	_____	Seats	<input type="checkbox"/>	_____
Sunroof	<input type="checkbox"/>	_____	Headliner	<input type="checkbox"/>	_____
Quarter panel: left/right	<input type="checkbox"/>	_____	Books	<input type="checkbox"/>	_____
Antenna	<input type="checkbox"/>	_____	TRUNK		
Trunk lid	<input type="checkbox"/>	_____	Tools	<input type="checkbox"/>	_____
Hatch (model-dependent)	<input type="checkbox"/>	_____	Jack (model dependent)	<input type="checkbox"/>	_____
Tailgate (model-dependent)	<input type="checkbox"/>	_____	Cargo Net (model dependent)	<input type="checkbox"/>	_____
Rear license plate	<input type="checkbox"/>	_____	Cargo Cover (model dependent)	<input type="checkbox"/>	_____
Rear taillight assemblies	O E M* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Cargo Mat (model dependent)	<input type="checkbox"/>	_____
Rear bumper	<input type="checkbox"/>	_____	KEYS		
Spare wheel well	<input type="checkbox"/>	_____	Master	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Rear floor pan	<input type="checkbox"/>	_____	Valet (model dependent)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Inner trunk panels	<input type="checkbox"/>	_____	Wallet (model dependent)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Fuel-filler door	<input type="checkbox"/>	_____	B pillar stickers:		
Mirror assembly (2)	<input type="checkbox"/>	_____	VIN ID	<input type="checkbox"/>	_____
Alignment of all panels	<input type="checkbox"/>	_____	Placard	<input type="checkbox"/>	_____

SECTION 4: MECHANICAL

AREA	Meets BMW Guidelines & Standards	Comments	MECHANICAL	Meets BMW Guidelines & Standards	Comments
Headlight assembly	O E M* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Fluid levels:		
Fog light assembly	O E M* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Oil	<input type="checkbox"/>	_____
Headlight washer jets (optional)	<input type="checkbox"/>	_____	Brake	<input type="checkbox"/>	_____
Wiper blade, assembly & jets	<input type="checkbox"/>	_____	Power steering	<input type="checkbox"/>	_____
Door handle, hinge & lock	<input type="checkbox"/>	_____	Washer	<input type="checkbox"/>	_____
Central locking functions	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>	_____
Alarm functions	<input type="checkbox"/>	_____	Rear axle	<input type="checkbox"/>	_____
Seat and headrest functions	<input type="checkbox"/>	_____	Coolant	<input type="checkbox"/>	_____
Seatbelt(s)	<input type="checkbox"/>	_____	Protection Level:		
Airbag(s)	<input type="checkbox"/>	_____	-5F -10F -15F -20F -25F -30F -35F		
Airbags (Rear) Deactivated	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	(circle one) SERVICE ACCEPTABLE GOOD		
Child locking functions	<input type="checkbox"/>	_____	Fluid leaks:		
Fuel-filler door locking	<input type="checkbox"/>	_____	(of components, lines, tanks & couplings)	<input type="checkbox"/>	_____
Trunk lock	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>	_____
Rear wiper (optional)	<input type="checkbox"/>	_____	Transfer Case	<input type="checkbox"/>	_____
Gas shocks	<input type="checkbox"/>	_____	Differential (Front/Rear)	<input type="checkbox"/>	_____
Suspension components	O E M* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Half Shafts (Front/Rear)	<input type="checkbox"/>	_____
Front control arm bushings	<input type="checkbox"/>	_____	Gas	<input type="checkbox"/>	_____
Steering	<input type="checkbox"/>	_____	Engine Oil	<input type="checkbox"/>	_____
Major component mounts	<input type="checkbox"/>	_____	Brake	<input type="checkbox"/>	_____
Exhaust system	<input type="checkbox"/>	_____	Power steering	<input type="checkbox"/>	_____
Belts	<input type="checkbox"/>	_____	Shocks & Struts	<input type="checkbox"/>	_____
Belt tensioners	<input type="checkbox"/>	_____	Self-leveling (opt.)	<input type="checkbox"/>	_____
			Coolant	<input type="checkbox"/>	_____
			A/C	<input type="checkbox"/>	_____
			Hydraulic	<input type="checkbox"/>	_____
			Battery Voltage:		
			11.7 12.0 12.3 12.4 12.5 12.7		
			(circle one) REPLACE CHARGE GOOD		
			Diagnostic fault review:		
			Corrected <input type="checkbox"/> & Cleared <input type="checkbox"/>		

Attach a copy of the diagnostic printout! (Please continue on back) 06CPOCKLST 06-06

Vehicle Inspection Checklist

VIN

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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	Belt	<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"/>	_____													
On-Board Computer System	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"/>	_____													
Stalk controls	Wiper/washer	<input type="checkbox"/>	_____													
	High beams	<input type="checkbox"/>	_____													
	Computer	<input type="checkbox"/>	_____													
Pedal Function	Gas	<input type="checkbox"/>	_____													
	Brake	<input type="checkbox"/>	_____													
	Clutch (where applicable)	<input type="checkbox"/>	_____													
Gearshift Function		<input type="checkbox"/>	_____													
	Parking Brake Function	<input type="checkbox"/>	_____													
HVAC Control	Heat: (circle one)	<table border="0" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 0 10px;">50F</td> <td style="padding: 0 10px;">55F</td> <td style="padding: 0 10px;">60F</td> <td style="padding: 0 10px;">65F</td> <td style="padding: 0 10px;">70F</td> <td style="padding: 0 10px;">75F</td> <td style="padding: 0 10px;">85F</td> </tr> <tr> <td style="background-color: red; color: white; text-align: center;">SERVICE</td> <td style="background-color: yellow; text-align: center;">ACCEPTABLE</td> <td colspan="4" style="background-color: green; color: white; text-align: center;">GOOD</td> </tr> </table>	50F	55F	60F	65F	70F	75F	85F	SERVICE	ACCEPTABLE	GOOD				
	50F	55F	60F	65F	70F	75F	85F									
SERVICE	ACCEPTABLE	GOOD														
A/C: (circle one)	<table border="0" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 0 10px;">40F</td> <td style="padding: 0 10px;">45F</td> <td style="padding: 0 10px;">50F</td> <td style="padding: 0 10px;">55F</td> <td style="padding: 0 10px;">60F</td> <td style="padding: 0 10px;">65F</td> <td style="padding: 0 10px;">70F</td> </tr> <tr> <td colspan="2" style="background-color: green; color: white; text-align: center;">GOOD</td> <td style="background-color: yellow; text-align: center;">ACCEPTABLE</td> <td colspan="3" style="background-color: red; color: white; text-align: center;">SERVICE</td> </tr> </table>	40F	45F	50F	55F	60F	65F	70F	GOOD		ACCEPTABLE	SERVICE				
40F	45F	50F	55F	60F	65F	70F										
GOOD		ACCEPTABLE	SERVICE													
Audio Function	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 defrost	<input type="checkbox"/>	_____													
	Re-circulating	<input type="checkbox"/>	_____													
	Radio:		<input type="checkbox"/>	_____												
		AM	<input type="checkbox"/>	_____												
		FM	<input type="checkbox"/>	_____												
		CD	<input type="checkbox"/>	_____												
		Aux Input	<input type="checkbox"/>	_____												
Cassette (where applicable)		<input type="checkbox"/>	_____													
Speakers:		<input type="checkbox"/>	_____													
Balance	<input type="checkbox"/>	_____														
Fade	<input type="checkbox"/>	_____														

