

Vehicle Inspection Checklist:

For complete details, please refer to the Inspection Guidelines Section of the RRCM CPO Program Manual

Enrollment & Vehicle History

Date: _____ Dealer Name: _____ Stock No.: _____
 Dealer No.: _____
 Chassis No.: _____ Mileage: _____ Model: _____ Model Year: _____

Mileage is to be substantiated through attaching a copy of the Key Reader!

Source: RRCM FS Off-Lease Other Off-Lease Trade-In Auction Other

Section 1: Vehicle Background & Maintenance

CPO Enrollment Date: _____ **If NOT enrolled as Provenance 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 Display: OR _____ remaining miles

CBS printout REQUIRED!

Condition Based Services (CBS)

Item	Service is due in:	Comments:	Item:	Service is due in:	Comments:
Engine Oil	_____ Date/Miles	_____	Microfilter	_____ Miles	_____
Front Brakes	_____ Miles	_____	Brake fluid	_____ Months	_____
Rear Brakes	_____ Miles	_____	Air Cleaner	_____ Date/Miles	_____
Vehicle Check	_____ Date/Miles	_____	Coolant	_____ Months	_____

(applicable models only)

Vehicle Maintenance History

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"/>	_____
Other:			Rear Pads	<input type="checkbox"/>	_____
Coolant Flush	<input type="checkbox"/>	_____	Front Rotor	<input type="checkbox"/>	_____
Belt(s) Replaced	<input type="checkbox"/>	_____	Rear Rotor	<input type="checkbox"/>	_____
Wipers/Inserts	<input type="checkbox"/>	_____	Fluid Flush	<input type="checkbox"/>	_____
Filters (Cabin/Engine)	<input type="checkbox"/>	_____			

Open campaigns?

YES NO

Non-Rolls-Royce vehicle modifications?

YES NO

Has CARFAX report been run?

YES NO

Does CARFAX Report disqualify for CPO?

YES NO

Body Repair History: Repair Order(s): _____ Date _____ Dealer _____ 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



Vehicle **NOT** qualified for enrollment or sale as CPO:

- Inconsistent or incomplete maintenance history
- Non-Rolls-Royce vehicle modifications
- Disqualifying CARFAX report

Section 2: Wheel Assembly

Tire Inspection

Tire tread depth (minimum 3mm 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	_____
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	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	_____

Brake Inspection

Brake Pads (minimum 5mm of friction material) & Rotor Inspection:

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

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	_____