Gabrielle's Garage
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SERVICE DETAILS SHEET	**VEHICLE TECHNICIAN:**	
CUSTOMER NAME:	MAKE:	DATE:
REG NO:	MODEL:	TIME: AM /PM
CHECKED FOR DAMAGE:	SEAT COVER:	FLOOR MAT:

	CHECKED	
VEHICLE ON GROUND:	**YES**	**NO**
INTERNAL WARNING LIGHTS		
SIDE LIGHTS/MAIN BEAM		
INDICATORS		
BRAKE LIGHTS		
HAZARD WARNING LIGHTS		
REVERSE WARNING LIGHTS		
FOG LIGHT (INC. FRONT IF FITTED)		
WIPERS/WASHERS		
HORN		
ALL SWITCHES FOR OPERATION		

	CHECKED	
UNDER BONNET:	**YES**	**NO**
BATTERY CHECK TOP-UP/GREASE TERMINALS		
WASHER BOTTLE LEVEL/TOP-UP		

	CHECKED	
CAR OFF GROUND:	**YES**	**NO**
WHEEL/TYRE CONDITION		
TREAD DEPTHS/UNEVEN WEAR		
TYRE PRESSURES (INC. SPARE)		

	CHECKED	
REMOVE WHEELS:	**YES**	**NO**
FRONT BRAKE PADS WEAR		
REAR BRAKE PADS WEAR		

	CHECKED	
VEHICLE IN THE AIR:	**YES**	**NO**
CHECK ENGINE/GEAR BOX CONDTION/LEAKS		

VECHICLE TECHNICIAN COMMENTS (See related numbers above):