

# 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.

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"/>	_____	<b>GLASS AREA</b>		
Park Distance Control	<input type="checkbox"/>	_____	Windshield	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Hood	<input type="checkbox"/>	_____	Door & side glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Core support	<input type="checkbox"/>	_____	Rear window	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Engine carrying rails	<input type="checkbox"/>	_____	Exterior mirrors	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Inner fenders	<input type="checkbox"/>	_____	Interior mirror	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Front fenders: left & right	<input type="checkbox"/>	_____	<b>INTERIOR</b>		
Doors: left/right, front/back	<input type="checkbox"/>	_____	Door weather seal	<input type="checkbox"/>	_____
A pillar: left/right	<input type="checkbox"/>	_____	Carpet/floor mats	<input type="checkbox"/>	_____
B pillar: left/right	<input type="checkbox"/>	_____	Wood/aluminum trim	<input type="checkbox"/>	_____
C pillar: left/right	<input type="checkbox"/>	_____	Cupholder(s)	<input type="checkbox"/>	_____
D pillar: left/right	<input type="checkbox"/>	_____	Interior light(s)	<input type="checkbox"/>	_____
Rocker/sill panels	<input type="checkbox"/>	_____	Glovebox	<input type="checkbox"/>	_____
Roof	<input type="checkbox"/>	_____	Seats	<input type="checkbox"/>	_____
Convertible top	<input type="checkbox"/>	_____	Headliner	<input type="checkbox"/>	_____
Check top storage		_____	Books	<input type="checkbox"/>	_____
compartment drains	<input type="checkbox"/>	_____	Bluetooth Pass Key Card	<input type="checkbox"/>	_____
Sunroof	<input type="checkbox"/>	_____	(E85 Z4 & E83 X3 models only)		
Check sunroof drains	<input type="checkbox"/>	_____	<b>TRUNK</b>		
Quarter panel: left/right	<input type="checkbox"/>	_____	Emergency release	<input type="checkbox"/>	_____
Antenna	<input type="checkbox"/>	_____	Tools	<input type="checkbox"/>	_____
Trunk lid	<input type="checkbox"/>	_____	Jack (model dependent)	<input type="checkbox"/>	_____
Hatch (model-dependent)	<input type="checkbox"/>	_____	Cargo net (model dependent)	<input type="checkbox"/>	_____
Tailgate (model-dependent)	<input type="checkbox"/>	_____	Cargo cover (model dependent)	<input type="checkbox"/>	_____
Rear license plate	<input type="checkbox"/>	_____	Cargo mat (model dependent)	<input type="checkbox"/>	_____
Rear taillight assemblies	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	<b>KEYS</b>		
Rear bumper	<input type="checkbox"/>	_____	Master	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Park Distance Control	<input type="checkbox"/>	_____	Valet (model dependent)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Spare wheelwell	<input type="checkbox"/>	_____	<b>B PILLAR STICKERS:</b>		
Rear floor pan	<input type="checkbox"/>	_____	VIN ID	<input type="checkbox"/>	_____
Inner trunk panels	<input type="checkbox"/>	_____	Placard	<input type="checkbox"/>	_____
Fuel-filler door	<input type="checkbox"/>	_____			
Mirror assembly (2)	<input type="checkbox"/>	_____			
Alignment of all panels	<input type="checkbox"/>	_____			

\* 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.

### SECTION 4: MECHANICAL

AREA	Meets BMW Guidelines & Standards	Comments	AREA	Meets BMW Guidelines & Standards	Comments											
Headlight assembly	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	<b>Fluid levels:</b> Oil	<input type="checkbox"/>	_____											
Fog light assembly	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Brake	<input type="checkbox"/>	_____											
Headlight washer jets (optional)	<input type="checkbox"/>	_____	Power steering	<input type="checkbox"/>	_____											
Wiper blade, assembly & jets	<input type="checkbox"/>	_____	Windshield washer	<input type="checkbox"/>	_____											
Door handle, hinge & lock	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>	_____											
Central locking functions	<input type="checkbox"/>	_____	Rear axle	<input type="checkbox"/>	_____											
Comfort Access	<input type="checkbox"/>	_____	Diesel exhaust fluid (model dependent)	<input type="checkbox"/>	_____											
Alarm functions	<input type="checkbox"/>	_____	Coolant	<input type="checkbox"/>	_____											
Seat and headrest functions	<input type="checkbox"/>	_____	<b>Coolant Protection Level:</b>													
Seatbelt(s)	<input type="checkbox"/>	_____	(circle one)													
Airbag(s)	<input type="checkbox"/>	_____	-5F	<input type="checkbox"/>	-10F	<input type="checkbox"/>	-15F	<input type="checkbox"/>	-20F	<input type="checkbox"/>	-25F	<input type="checkbox"/>	-30F	<input type="checkbox"/>	-35F	<input type="checkbox"/>
Airbags (Rear)	<input type="checkbox"/>	_____	<b>Fluid leaks:</b>													
Child locking functions	<input type="checkbox"/>	_____	(of components, lines, tanks & couplings)	<input type="checkbox"/>	_____											
Fuel-filler door locking	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>	_____											
Trunk lock	<input type="checkbox"/>	_____	Transfer case	<input type="checkbox"/>	_____											
Rear wiper (optional)	<input type="checkbox"/>	_____	Differential (front/rear)	<input type="checkbox"/>	_____											
Gas shocks	<input type="checkbox"/>	_____	CV joints & boots	<input type="checkbox"/>	_____											
Suspension components	OEM* <input type="checkbox"/> Y <input type="checkbox"/> N	_____	Gas	<input type="checkbox"/>	_____											
Front control arm bushings	<input type="checkbox"/>	_____	Engine oil	<input type="checkbox"/>	_____											
Steering	<input type="checkbox"/>	_____	Brake	<input type="checkbox"/>	_____											
Major component mounts	<input type="checkbox"/>	_____	Power steering	<input type="checkbox"/>	_____											
Exhaust system	<input type="checkbox"/>	_____	Shocks & struts	<input type="checkbox"/>	_____											
Belts	<input type="checkbox"/>	_____	Self-leveling (opt.)	<input type="checkbox"/>	_____											
Belt tensioners	<input type="checkbox"/>	_____	Coolant	<input type="checkbox"/>	_____											
			A/C	<input type="checkbox"/>	_____											
			Hydraulic	<input type="checkbox"/>	_____											
			<b>Battery Voltage:</b>													
			(circle one)													
			12.0 & Below	<input type="checkbox"/>	12.1	<input type="checkbox"/>	12.4	<input type="checkbox"/>	12.5	<input type="checkbox"/>	12.9	<input type="checkbox"/>				
			<b>REPLACE</b>		<b>IMMEDIATE RECHARGE</b>		<b>FULLY CHARGED</b>									

The minimum voltage for delivery of any Pre-Owned BMW to a customer is 12.50v

Diagnostic fault review: Corrected  & Cleared

# 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"/>	_____
		Computer	<input type="checkbox"/>	_____
<b>Pedal Function</b>		Gas	<input type="checkbox"/>	_____
	Brake	<input type="checkbox"/>	_____	
	Clutch (where applicable)	<input type="checkbox"/>	_____	
<b>Gearshift Function</b>		<input type="checkbox"/>	_____	
<b>Parking Brake Function</b>		<input type="checkbox"/>	_____	

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

<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>Radio:</b>	AM	<input type="checkbox"/>	_____
		FM	<input type="checkbox"/>	_____
		CD	<input type="checkbox"/>	_____
		Aux Input	<input type="checkbox"/>	_____
		Satellite Radio	<input type="checkbox"/>	_____
		<b>Speakers:</b>	Balance	<input type="checkbox"/>
Fade	<input type="checkbox"/>		_____	

VIN 

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## Road Test

### STATIONARY REVIEW (cont'd.)

	AREA	Meets BMW Guidelines & Standards	Comments:
<b>Electrical</b>	Vanity/visor	<input type="checkbox"/>	_____
	Map/interior	<input type="checkbox"/>	_____
	Headlights	<input type="checkbox"/>	_____
	Fog lights	<input type="checkbox"/>	_____
	Turn signals	<input type="checkbox"/>	_____
	Hazard flasher	<input type="checkbox"/>	_____
	Parking/side marker	<input type="checkbox"/>	_____
	Brake lights (3)	<input type="checkbox"/>	_____
	Back-up lights	<input type="checkbox"/>	_____
	License plate lights	<input type="checkbox"/>	_____
	Dash and console	<input type="checkbox"/>	_____
	Door lock	<input type="checkbox"/>	_____
	Seat heater(s)	<input type="checkbox"/>	_____
	Power window(s)	<input type="checkbox"/>	_____
	Cigarette lighter(s)	<input type="checkbox"/>	_____
	Power sunroof	<input type="checkbox"/>	_____
	Sunroof sunshade	<input type="checkbox"/>	_____
	Rear sunshade	<input type="checkbox"/>	_____
Door sunshades	<input type="checkbox"/>	_____	

### SECTION 6: ROLLING REVIEW

Checklist to be completed following testing cycle, not while driving the vehicle.

	AREA	Meets BMW Guidelines & Standards	Comments:
<b>Engine Performance</b>	Cold/hot starting	<input type="checkbox"/>	_____
	Idle smoothness	<input type="checkbox"/>	_____
	Acceleration	<input type="checkbox"/>	_____
<b>Transmission Shifting</b>	Manual/Automatic/SMG/M-DCT	<input type="checkbox"/>	_____
<b>Cruise Control</b>	Function(s)	<input type="checkbox"/>	_____
<b>Noise</b>	Wind	<input type="checkbox"/>	_____
	Squeaks	<input type="checkbox"/>	_____
	Rattles	<input type="checkbox"/>	_____
<b>Vehicle Handling</b>	Vibration	<input type="checkbox"/>	_____
	Stability	<input type="checkbox"/>	_____
	Braking	<input type="checkbox"/>	_____
	ABS	<input type="checkbox"/>	_____
	DSC	<input type="checkbox"/>	_____
<b>Steering Wheel</b>	HDC (model dependent)	<input type="checkbox"/>	_____
	Alignment	<input type="checkbox"/>	_____
<b>Instrument Gauges</b>	Operation	<input type="checkbox"/>	_____
<b>Rear View Camera</b>	Operation	<input type="checkbox"/>	_____
<b>Side &amp; Top View Camera</b>	Operation	<input type="checkbox"/>	_____
<b>Other:</b>	_____	<input type="checkbox"/>	_____
	_____	<input type="checkbox"/>	_____

### SECTION 7: APPROVAL

Technician, Service Manager, and Pre-Owned Manager signatures certify that the vehicle has been carefully inspected and that apparent deficiencies have been corrected. This is a pre-owned vehicle; no claim is made, implied or otherwise, that this vehicle is in new condition.

TECHNICIAN NAME: _____	TECH NO.: _____	SIGNATURE: _____	DATE: _____
SERVICE MANAGER NAME: _____		SIGNATURE: _____	DATE: _____
PRE-OWNED MANAGER NAME: _____		SIGNATURE: _____	DATE: _____
CUSTOMER NAME: _____		SIGNATURE: _____	DATE: _____