

Vehicle Inspection Checklist:

For complete details, please refer to the Inspection Guidelines Section of the RRM 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: RRM C 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 _____ Front Pads _____

Other: Rear Pads _____

Coolant Flush _____ Front Rotor _____

Belt(s) Replaced _____ Rear Rotor _____

Wipers/Inserts _____ Fluid Flush _____

Filters (Cabin/Engine) _____

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 Y N _____

Left Rear _____ psi _____ mm _____ mm _____ mm Y N _____

Right Rear _____ psi _____ mm _____ mm _____ mm Y N _____

Right Front _____ psi _____ mm _____ mm _____ mm Y N _____

Wheel Inspection

Location OEM* Style, Condition & Torque: Location OEM* Style, Condition & Torque:

Left Front Y N _____ Right Rear Y N _____

Left Rear Y N _____ Right Front Y 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 Y N _____ Y N _____

Left Rear _____ mm Y N _____ Y N _____

Right Rear _____ mm Y N _____ Y N _____

Right Front _____ mm Y N _____ Y N _____

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Body & Mechanical

Section 3: Body Condition, Fit & Finish

Meets RRM C			Meets RRM C		
Area	Guidelines & Standards	Comments	Area	Guidelines & Standards	Comments
Front bumper	<input type="checkbox"/>	_____	Glas Area	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Hood	<input type="checkbox"/>	_____	Windshield	<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"/>	_____	Interior		_____
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"/>	_____
Sunroof	<input type="checkbox"/>	_____	Books	<input type="checkbox"/>	_____
Quarter panel: left/right	<input type="checkbox"/>	_____	Trunk		_____
Antenna	<input type="checkbox"/>	_____	Tools	<input type="checkbox"/>	_____
Trunk lid	<input type="checkbox"/>	_____	Jack (model dependent)	<input type="checkbox"/>	_____
Tailgate (model dependent)	<input type="checkbox"/>	_____	Cargo cover (optional)	<input type="checkbox"/>	_____
Rear license plate	<input type="checkbox"/>	_____	Keys		_____
Rear taillight assemblies	<input type="checkbox"/>	_____	Master	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Rear bumper	<input type="checkbox"/>	_____	Valet (model dependent)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	_____
Rear floor plan	<input type="checkbox"/>	_____	B Pillar Stickers		_____
Inner trunk panels	<input type="checkbox"/>	_____	VIN ID	<input type="checkbox"/>	_____
Fuel-filter door	<input type="checkbox"/>	_____	Placard	<input type="checkbox"/>	_____
Mirror assembly (2)	<input type="checkbox"/>	_____			_____
Alignment of all panels	<input type="checkbox"/>	_____			_____

Section 4: Mechanical

Meets RRM C			Meets RRM C		
	Guidelines & Standards	Comments		Guidelines & Standards	Comments
Headlight assembly	<input type="checkbox"/>	_____	Fluid levels:	<input type="checkbox"/>	_____
Fog light assembly	<input type="checkbox"/>	_____	Oil	<input type="checkbox"/>	_____
Headlight washer jets	<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"/>	_____	Windshield 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 : -5F -10F -15F -20F -25F -30F -35F		
Airbag(s)	<input type="checkbox"/>	_____	(circle one) SERVICE ACCEPTABLE GOOD		
Child locking functions	<input type="checkbox"/>	_____	Fluid leaks: (of components, lines,		
Fuel-filter door locking	<input type="checkbox"/>	_____	tanks & couplings)	<input type="checkbox"/>	_____
Trunk lock	<input type="checkbox"/>	_____	Transmission	<input type="checkbox"/>	_____
Gas shocks	<input type="checkbox"/>	_____	Differential	<input type="checkbox"/>	_____
Suspension components	<input type="checkbox"/>	_____	CV joints & boots	<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	<input type="checkbox"/>	_____
			Coolant	<input type="checkbox"/>	_____
			A/C		_____

Battery Voltage: 11.7 12.0 12.3 12.4 12.5 12.7
(circle one) REPLACE CHARGE GOOD

Diagnostic fault review: Corrected & Cleared

Attach a copy of the diagnostic printout!

(please continue no back)

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 RRM Guidelines & Standards	Comments:	
Seat Functions	Seatbelt	<input type="checkbox"/>	_____	
	Front/back – up/down	<input type="checkbox"/>	_____	
	Headrest	<input type="checkbox"/>	_____	
	Lumbar (where applicable)	<input type="checkbox"/>	_____	
	Seat ventilation	<input type="checkbox"/>	_____	
	Massage seats	<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"/>	_____	
	Night vision with infrared	<input type="checkbox"/>	_____	
Windshield	Rain sensor operation	<input type="checkbox"/>	_____	
	Heads-up display (model dependent)	<input type="checkbox"/>	_____	
On-Board Computer	Functional test	<input type="checkbox"/>	_____	
Steering Wheel	Adjustable	<input type="checkbox"/>	_____	
	Airbag	<input type="checkbox"/>	_____	
	Audio functions	<input type="checkbox"/>	_____	
	Horn function	<input type="checkbox"/>	_____	
	Heat function	<input type="checkbox"/>	_____	
	Stalk controls	Wiper/washer	<input type="checkbox"/>	_____
Pedal Function	High beams	<input type="checkbox"/>	_____	
	Computer	<input type="checkbox"/>	_____	
Gearshift Function	Gas	<input type="checkbox"/>	_____	
	Brake	<input type="checkbox"/>	_____	
Parking Brake Function		<input type="checkbox"/>	_____	
HVAC Control	Heat: front & rear (optional) (circle one)	50F SERVICE 55F ACCEPTABLE 60F GOOD 65F 70F 75F 85F		
	A/C: front & rear (optional) (circle one)	40F GOOD 45F ACCEPTABLE 50F SERVICE 55F 60F 65F 70F		
	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"/>	_____	
	Audio Function	Radio:	<input type="checkbox"/>	_____
		AM	<input type="checkbox"/>	_____
		FM	<input type="checkbox"/>	_____
		CD	<input type="checkbox"/>	_____
Aux Input		<input type="checkbox"/>	_____	
Satellite Radio		<input type="checkbox"/>	_____	
Speakers:		<input type="checkbox"/>	_____	
Balance		<input type="checkbox"/>	_____	
Fade		<input type="checkbox"/>	_____	

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Road Test

Stationary Review (cont'd.)

	Area	Meets RRM Guidelines & Standards	Comments:
Electrical	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"/>	_____
	Rear sunshade(s)	<input type="checkbox"/>	_____

Section 6: Rolling Review

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

	Area	Meets RRM Guidelines & Standards	Comments:
Engine Performance	Cold/hot starting	<input type="checkbox"/>	_____
	Idle smoothness	<input type="checkbox"/>	_____
	Acceleration	<input type="checkbox"/>	_____
Transmission Shifting	Automatic	<input type="checkbox"/>	_____
Cruise Control	Functions (Active if equipped)	<input type="checkbox"/>	_____
Noise	Wind	<input type="checkbox"/>	_____
	Squeaks	<input type="checkbox"/>	_____
	Rattles	<input type="checkbox"/>	_____
Vehicle Handling	Vibration	<input type="checkbox"/>	_____
	Stability	<input type="checkbox"/>	_____
	Braking	<input type="checkbox"/>	_____
	ABS	<input type="checkbox"/>	_____
	DSC	<input type="checkbox"/>	_____
Steering Wheel	Alignment	<input type="checkbox"/>	_____
Instrument Gauges	Operation	<input type="checkbox"/>	_____
Other:	_____	<input type="checkbox"/>	_____
	_____	<input type="checkbox"/>	_____

Section 7: Approval

Technician's, Service Manager's, and Pre-Owned Manager's 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: _____