

Name: Tech A \_\_\_\_\_ Date: \_\_\_\_\_ Period: \_\_\_\_\_

Name: Tech B \_\_\_\_\_ Date: \_\_\_\_\_ Period: \_\_\_\_\_


**Express Lube Service (2 Techs) (No Oil Change)**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Engine \_\_\_\_\_

Mileage \_\_\_\_\_ Oil Capacity(Quarts) \_\_\_\_\_ Oil Filter Part Number \_\_\_\_\_

Vehicle Position	Tech	Check List	OK	Future Needs	Immediate Needs
Ground	A	Floor mat, seat cover			
		Check year & tire pressure (door jamb)			
		Horn			
		Wiper/Washer			
		Clutch free play			
		Park brake operation (Leave off)			
		Lights & Turn Signals			
		Interior Condition/Gages/Lights			
		Center on hoist			
	Open hood & trunk				
	B	Inspect exterior condition			
		Place fender covers			
		Battery condition			
		Check & top fluids:			
Automatic Transmission Fluid _____ Brake Fluid _____ Coolant _____ Power Steering Fluid _____ Windshield Washer Solution _____ Engine Oil _____ Battery Electrolyte _____					
Inspect belts & hoses					
Raised		Raise vehicle			
A	Check wear left side tires				
	Inspect rear undercarriage				
	Inspect exhaust system				
	B	Check wear right side tires			
		Inspect front undercarriage			
	A	Check & adjust tire pressures right side			
B	Check & adjust tire pressures left side				
Ground		Lower vehicle			
	A	Set park brake / Replace pollen filter			
	B	Inspect air filter			
		Lube all locks & hinges			
		Check pressure of spare tire			
	A	Put away tools & fender covers			
		Reset reminder light			
Install lube sticker					

**INSTRUCTOR'S EVALUATION**

	Demonstrates Mastery	<b>Instructor's Signature</b>     
	Performed Satisfactorily	
	Capable, Needs Practice	
	Assisted in Performing	
	Exposure/Observation	
	Has trouble following directions	