



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 #: _____

DATE: _____ CENTER NAME: _____ CENTER #: _____

CHASSIS NO.: _____ KEY READ MILEAGE: _____ MODEL: _____ MODEL YEAR: _____

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: _____ ORIGINAL IN-SERVICE DATE: _____

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, incl. i3 Rex, i8:	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"/>	_____
Not to exceed the initial 2400 miles	<input type="checkbox"/>	_____			

Other:

Diesel Fuel Filter	<input type="checkbox"/>	_____
Vehicle Check	<input type="checkbox"/>	_____
Belt(s) Replaced	<input type="checkbox"/>	_____
Wipers/Inserts	<input type="checkbox"/>	_____
Filters (Cabin/Engine)	<input type="checkbox"/>	_____
Spark Plugs	<input type="checkbox"/>	_____

- OPEN CAMPAIGNS/STOP SALE?** 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



- 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 & 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 Front	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Left Rear	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Right Rear	<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.



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

		Meets BMW	
AREA	Guidelines & Standards		Comments:
Driver's Seat Functions	Seatbelt	<input type="checkbox"/>	_____
	Front/back - up/down	<input type="checkbox"/>	_____
	Headrest	<input type="checkbox"/>	_____
	Lumbar (where applicable)	<input type="checkbox"/>	_____
Mirror Functions	Outside left/right	<input type="checkbox"/>	_____
	Interior – Dimming/Compass	<input type="checkbox"/>	_____
Windshield	Rain sensor operation	<input type="checkbox"/>	_____
	Head-up display	<input type="checkbox"/>	_____
On-Board Computer	Functional test	<input type="checkbox"/>	_____
	Steering Wheel	Adjustable	<input type="checkbox"/>
Airbag		<input type="checkbox"/>	_____
Audio functions/Thumbwheel		<input type="checkbox"/>	_____
Horn functions		<input type="checkbox"/>	_____
Heat function		<input type="checkbox"/>	_____
Shift Paddles		<input type="checkbox"/>	_____
Wiper/washer		<input type="checkbox"/>	_____
Stalk controls	High beams	<input type="checkbox"/>	_____
	Trip Computer/Info Display	<input type="checkbox"/>	_____
Pedal Function	Gas	<input type="checkbox"/>	_____
	Brake	<input type="checkbox"/>	_____
	Clutch (where applicable)	<input type="checkbox"/>	_____
Gearshift Function		<input type="checkbox"/>	_____
	Parking Brake Function	<input type="checkbox"/>	_____

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

HVAC Control	Fan	<input type="checkbox"/>	_____	
	Temp range/Sync	<input type="checkbox"/>	_____	
	Blower speeds	<input type="checkbox"/>	_____	
	Blower:	Defrost	<input type="checkbox"/>	_____
		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"/>	_____	
	Navigation System	Functional <u>Test</u>	<input type="checkbox"/>	_____
		Night vision with infrared	<input type="checkbox"/>	_____
	iDrive Controller	Check operation of all function keys	<input type="checkbox"/>	_____
		iDrive Touch function	<input type="checkbox"/>	_____
Audio Function	Delete all customer data	<input type="checkbox"/>	_____	
	Radio:	AM/FM	<input type="checkbox"/>	_____
		CD/Aux	<input type="checkbox"/>	_____
		Satellite Radio	<input type="checkbox"/>	_____
	Speakers:		<input type="checkbox"/>	_____
		Balance/Fade	<input type="checkbox"/>	_____

VIN

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Road Test

STATIONARY REVIEW (cont'd.)

		Meets BMW Guidelines & Standards	Comments:
Electrical	Vanity/visor	<input type="checkbox"/>	_____
	Map/interior	<input type="checkbox"/>	_____
	Headlights	<input type="checkbox"/>	_____
	Fog/Cornering 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: iBRAND AND PLUG-IN HYBRID VEHICLES

	Meets BMW Guidelines & Standards	Comments:
Check high voltage socket/connections/cables	<input type="checkbox"/>	_____
Check AC charging function and SOC (State of Charge) after completion	<input type="checkbox"/>	_____
High voltage battery must be 100% charged for CPO and at time of customer delivery	<input type="checkbox"/>	_____
Check all function keys for iDrive	<input type="checkbox"/>	_____

SECTION 7: ROLLING REVIEW

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

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

SECTION 8: 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: _____