



206

**MULTI POINT  
INSPECTION  
NEED**

**STEVE SHAW UNIVERSITY**



esv



# MPI OBJECTIONS

1.

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2.

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3.

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4.

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5.

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6.

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7.

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8.

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9.

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10.

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# SALE

## SELLING

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## VS



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## BUYING

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## WHICH IS BETTER **BUYING OR SELLING**

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# BUYING MOTIVES

## FEAR OF LOSS

\_\_\_\_\_ %

AVERAGE CLOSING  
RATIO \_\_\_\_\_ %

## HOPE FOR GAIN

\_\_\_\_\_ %

\_\_\_\_\_ + \_\_\_\_\_ = SALE



# IMPACT WORDS

**DO**

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**IMPORTANT**

**VITAL**

**REQUIRED**

**NECESSARY**

**DON'T**

---

**TELL**

**SHOULD**

**RECOMMEND**

**DUE (OVER)**

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# PRE MULTI POINT INSPECTION

**TO PERFORM**

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**PRIME ITEM**

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**TO REVIEW RESULTS**

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**WHY PERMISSION?**

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# MULTI POINT INSPECTION

1. \_\_\_\_\_

GREEN \_\_\_\_\_

RED \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# CUSTOMER REPSONSES

1.

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OR

2.

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\$  
QUOTE

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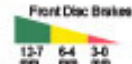
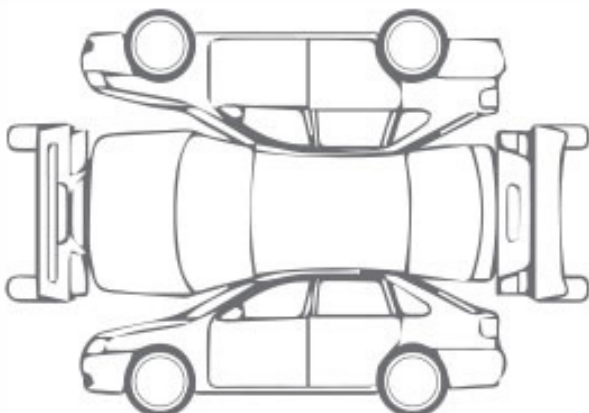


# MULTI-POINT VEHICLE INSPECTION CHECKLIST

Dealer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Customer Name: \_\_\_\_\_ Year/Model: \_\_\_\_\_  
 Mileage: \_\_\_\_\_ VIN: \_\_\_\_\_ Repair Order #: \_\_\_\_\_  
 Service Advisor: \_\_\_\_\_ Technician: \_\_\_\_\_

| REPORT CARD                |                                                                 |
|----------------------------|-----------------------------------------------------------------|
| <b>PASS INSPECTION</b>     |                                                                 |
| <b>FAIL INSPECTION</b>     |                                                                 |
| <b>INTERIOR / EXTERIOR</b> |                                                                 |
| <input type="checkbox"/>   | Head Lights / Tail Lights / Turn Signals / Brake Lights         |
| <input type="checkbox"/>   | Hazard Warning Lights / Exterior Lamps                          |
| <input type="checkbox"/>   | Windshield Washer Spray / Wiper Blades                          |
| <input type="checkbox"/>   | Windshield Condition (Inspect for Cracks, Chips, or Fitting)    |
| <input type="checkbox"/>   | Upholstery / Carpet / Floor Mats / Mirrors / Glass              |
| <input type="checkbox"/>   | Emergency Brake Adjustment                                      |
| <input type="checkbox"/>   | Horn Operation                                                  |
| <input type="checkbox"/>   | Fuel Tank Cap Gasket                                            |
| <input type="checkbox"/>   | In-Cabin Microfilter (if equipped)                              |
| <input type="checkbox"/>   | Clutch Operation (if equipped)                                  |
| <input type="checkbox"/>   | Dome Light / Amp                                                |
| <input type="checkbox"/>   | Light Dimmer                                                    |
| <input type="checkbox"/>   | Parking Brake Operation                                         |
| <input type="checkbox"/>   | Check Driver's floor mat                                        |
| <b>UNDER HOOD</b>          |                                                                 |
| <input type="checkbox"/>   | Fluid Levels: Oil / Coolant / Battery / Power Steering          |
| <input type="checkbox"/>   | Brake / Clutch / Washer / Automatic Transmission                |
| <input type="checkbox"/>   | Engine Air Filter                                               |
| <input type="checkbox"/>   | Drive Belts (condition and adjustment)                          |
| <input type="checkbox"/>   | Engine Coolant System                                           |
| <input type="checkbox"/>   | Cooling System Hoses / Heater Hoses / Air Conditioning          |
| <input type="checkbox"/>   | Hoses and Connections                                           |
| <input type="checkbox"/>   | Radiator Core and Cap                                           |
| <b>UNDER VEHICLE</b>       |                                                                 |
| <input type="checkbox"/>   | Shock Absorbers / Suspension                                    |
| <input type="checkbox"/>   | Steering Gear Box / Linkage and Boots / Ball Joints /           |
| <input type="checkbox"/>   | Dust Covers                                                     |
| <input type="checkbox"/>   | Muffler / Exhaust Pipes / Mountings                             |
| <input type="checkbox"/>   | Engine Oil and/or Fluid Leaks                                   |
| <input type="checkbox"/>   | Brake Lines / Hoses / Parking Brake Cable                       |
| <input type="checkbox"/>   | Drive Shaft Boots / Constant Velocity Boots / U-Joints /        |
| <input type="checkbox"/>   | Transmission Linkage (if equipped)                              |
| <input type="checkbox"/>   | Transmission / Differential / Transfer Case (Check Fluid Level, |
| <input type="checkbox"/>   | Fluid Condition and Fluid Leaks)                                |
| <input type="checkbox"/>   | Fuel Lines and Connections / Fuel Tank Band / Fuel Tank         |
| <input type="checkbox"/>   | Vapor Vent System Hoses                                         |

**STATE INSPECTION EXPIRES:** \_\_\_\_\_

| TIRES                                                                                                                                                                                                                                                                 |                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Left Front</b>                                                                                                                                                                                                                                                     | <b>Right Front</b>                                                                                                                      |
| <input type="checkbox"/> Tire Tread _____ 32nds                                                                                                                                                                                                                       | <input type="checkbox"/> Tire Tread _____ 32nds                                                                                         |
| <input type="checkbox"/> Wear Pattern _____                                                                                                                                                                                                                           | <input type="checkbox"/> Wear Pattern _____                                                                                             |
| <input type="checkbox"/> Tire Pressure _____ psi                                                                                                                                                                                                                      | <input type="checkbox"/> Tire Pressure _____ psi                                                                                        |
| <b>Left Rear</b>                                                                                                                                                                                                                                                      | <b>Right Rear</b>                                                                                                                       |
| <input type="checkbox"/> Tire Tread _____ 32nds                                                                                                                                                                                                                       | <input type="checkbox"/> Tire Tread _____ 32nds                                                                                         |
| <input type="checkbox"/> Wear Pattern _____                                                                                                                                                                                                                           | <input type="checkbox"/> Wear Pattern _____                                                                                             |
| <input type="checkbox"/> Tire Pressure _____ psi                                                                                                                                                                                                                      | <input type="checkbox"/> Tire Pressure _____ psi                                                                                        |
| <input type="checkbox"/> Wheel balance needed  <input type="checkbox"/> Alignment check needed  |                                                                                                                                         |
| BRAKES                                                                                                                                                                                                                                                                |                                                                                                                                         |
| <input type="checkbox"/> Brake Inspection Not Performed This Visit                                                                                                                                                                                                    |                                                                                                                                         |
| <input type="checkbox"/> Left Front Brake Lining _____ mm                                                                                                                                                                                                             | <br>Front Disc Brakes<br>12-7 mm    6-4 mm    3-0 mm |
| <input type="checkbox"/> Left Rear Brake Lining _____ mm                                                                                                                                                                                                              |                                                                                                                                         |
| <input type="checkbox"/> Right Front Brake Lining _____ mm                                                                                                                                                                                                            | <br>Rear Drum Brakes<br>4-3 mm    2 mm    1-0 mm     |
| <input type="checkbox"/> Right Rear Brake Lining _____ mm                                                                                                                                                                                                             |                                                                                                                                         |
| BATTERY PERFORMANCE                                                                                                                                                                                                                                                   |                                                                                                                                         |
| <input type="checkbox"/> Battery Terminals / Cables / Mountings                                                                                                                                                                                                       |                                                                                                                                         |
| <input type="checkbox"/> Check Condition of Battery (Storage Capacity Test)                                                                                                                                                                                           |                                                                                                                                         |
| Good                                                                                                                                                                              | Replace                                            |
| <b>PLEASE INDICATE BODY DAMAGE / WEAR</b>                                                                                                                                                                                                                             |                                                                                                                                         |
|                                                                                                                                                                                   |                                                                                                                                         |

**COMMENTS:** \_\_\_\_\_

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## PASS / FAIL ELEVATES THE DEALER MPI TO HIGHER STATUS

\*"LIKE STATE INSPECTION"



# NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

# CONTACT

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