

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

5500 University Parkway, San Bernardino, CA 92407

Facilities Services: (909) 537-5166

PRE AND POST REPAIR INSPECTION CHECKLIST

VIN No.: _____

Color: _____

Vehicle No: _____

Date: _____

Make: _____

Vehicle Type: Car Truck Van _____

Year: _____

Odometer Reading: _____

Model: _____

California License: **E** _____

Department: _____

CSUSB Vehicle/Equipment No.: _____

INSPECTED BY: _____

Brief description of problem when turned in:

Mechanics findings upon inspection of above vehicle:

Estimate to repair above conditions: \$ _____

- If above is BELOW \$500.00, can repairs be performed in house? YES NO
- If above is OVER \$500.00, can repairs be performed in house? YES NO
- Is it recommended that we send vehicle out for repair or estimate? YES NO

REPAIR SHOP INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

POST-REPAIR INFORMATION CHECKLIST

Mechanics findings upon inspection of above repair work:

Post Inspection by: _____

_____ Date

Reviewed by Motor Vehicle Inspector: _____

_____ Date