



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**

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**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. \_\_\_\_\_

OR

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



\$  
QUOTE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 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	
<input type="checkbox"/> Left Rear Brake Lining _____ mm	
<input type="checkbox"/> Right Front Brake Lining _____ 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 <input type="checkbox"/>	Replace <input type="checkbox"/>
PLEASE INDICATE BODY DAMAGE / WEAR	

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

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

\*"LIKE STATE INSPECTION"



# NOTES

[illegible]

# CONTACT

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