



208

TECHNICIAN
MULTI POINT
INSPECTION

STEVE SHAW UNIVERSITY

esv

NOTES



[illegible]

WHAT REASONS DO YOU HEAR FROM YOUR ASM?



SALE

SELLING

VS



BUYING

WHICH IS BETTER **BUYING OR SELLING**



BUYING MOTIVES

FEAR OF LOSS

_____ %

AVERAGE CLOSING
RATIO _____ %

HOPE FOR GAIN

_____ %

_____ + _____ = SALE



GOALS

WHAT IS GOAL OBJECTIVE FOR CUSTOMER?

WHAT IS GOAL OBJECTIVE FOR TECHNICIAN?

WHAT IS GOAL OBJECTIVE FOR PARTS?

REMEMBER SALES FORMULA

NEED + VALUE + SALE



RESPONSIBILITY

TECHNICIAN

SERVICE ADVISOR



LOAD THEIR LIPS

DO

(SAY THIS)

IMPORTANT

VITAL

REQUIRED

NECESSARY

DON'T

(NOT THAT)

TELL

SHOULD

RECOMMEND

DUE (OVER)

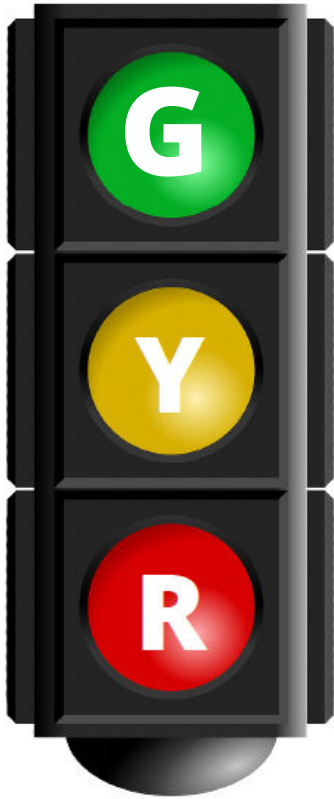


WORDS HAVE MEANING



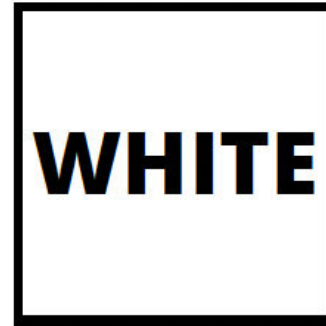
MPI EVOLUTION

1997 FORD MOTOR



VS

NOW




VS



TECHNICIAN MPI STEPS

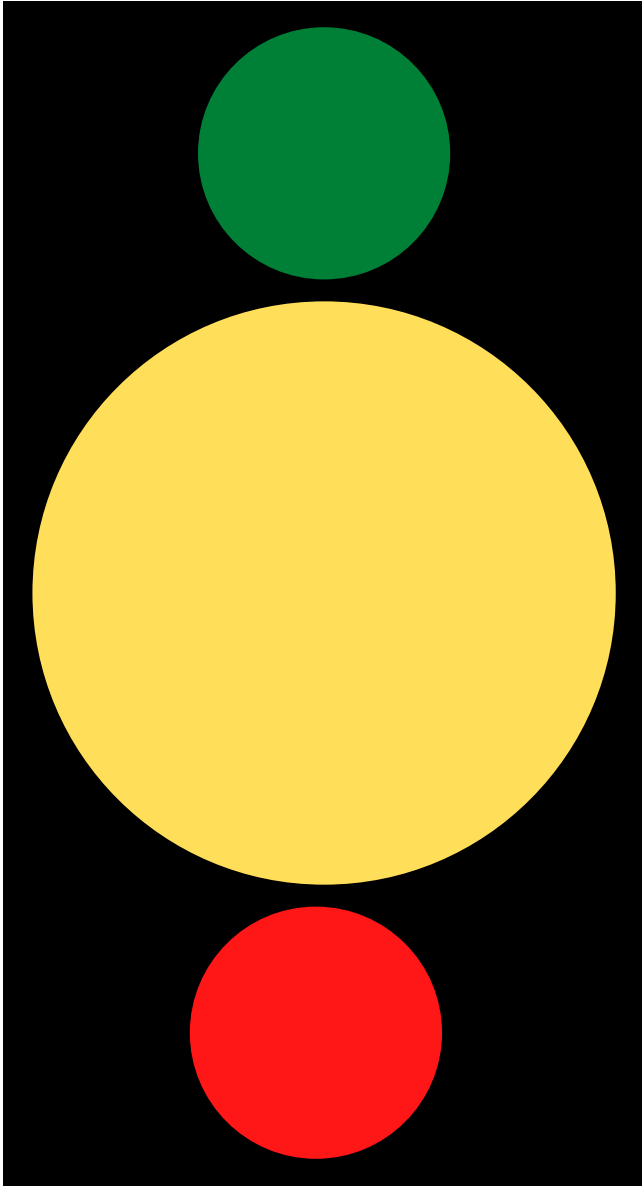
1. _____

2. _____





YELLOW ITEMS



PASS

OR

FAIL

STANDARDS

WHAT _____ BELIEVES

**5K SERVICES
2 X ANNUAL**

OR

**10K SERVICES
1 X ANNUAL**

PASS / FAIL

YELLOW ITEMS

PASS / FAIL

BRAKES

TIRES

BATTERIES



QUARTER TIME PRINCIPLE

$\frac{1}{4}$ TIME

15 MINUTES

30 MINUTES

45 MINUTES

WHICH IS MORE IMPORTANT?

$\frac{1}{4}$ TIME

OR

PARTS MONEY



NOTES



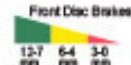



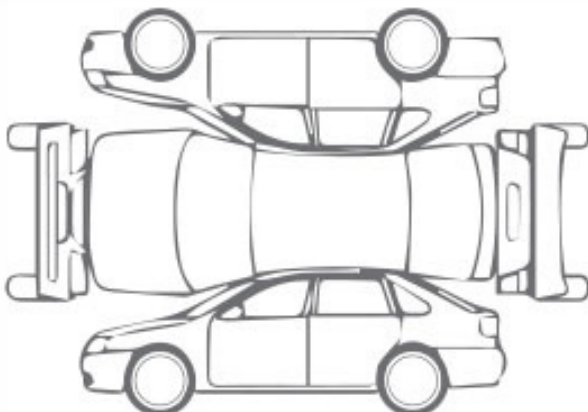
This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

MULTI-POINT VEHICLE INSPECTION CHECKLIST

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

REPORT CARD	
PASS INSPECTION	
FAIL INSPECTION	
INTERIOR / EXTERIOR	
<input type="checkbox"/>	Head Lights / Tail Lights / Turn Signals / Brake Lights 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
UNDER HOOD	
<input type="checkbox"/>	Fluid Levels: Oil / Coolant / Battery / Power Steering 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 Hoses and Connections
<input type="checkbox"/>	Radiator Core and Cap
UNDER VEHICLE	
<input type="checkbox"/>	Shock Absorbers / Suspension
<input type="checkbox"/>	Steering Gear Box / Linkage and Boots / Ball Joints / 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 / Transmission Linkage (if equipped)
<input type="checkbox"/>	Transmission / Differential / Transfer Case (Check Fluid Level, Fluid Condition and Fluid Leaks)
<input type="checkbox"/>	Fuel Lines and Connections / Fuel Tank Band / Fuel Tank Vapor Vent System Hoses

STATE INSPECTION EXPIRES: _____

TIRES	
Left Front	Right Front
<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
Left Rear	Right Rear
<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	 Front Disc Brakes 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	 Rear Drum Brakes 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 <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

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