



# VEHICLE INSPECTION CHECKLIST

For complete details, please refer to the Inspection Guidelines Section of the MINI CPO Dealer Operations Manual

## ENROLLMENT & VEHICLE HISTORY

DATE: \_\_\_\_\_ DEALER NAME: \_\_\_\_\_ STOCK NO.: \_\_\_\_\_  
 CHASSIS NO.: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ DEALER NO.: \_\_\_\_\_  
 MODEL: \_\_\_\_\_ MODEL YEAR: \_\_\_\_\_  
 Keys (Model Dependent): Masters Valet Wallet **Mileage is to be verified by attaching a copy of the Key Reader!**  
 SOURCE: MINI FS OFF-LEASE OTHER OFF-LEASE TRADE-IN AUCTION OTHER

## SECTION 1: VEHICLE BACKGROUND & MAINTENANCE

CPO ENROLLMENT DATE: \_\_\_\_\_ **If NOT enrolled as CPO (Pending or Active), STOP!**

SERVICE ADVISOR NAME: \_\_\_\_\_ EMPLOYEE NO.: \_\_\_\_\_  
 REPAIR ORDER NO.: \_\_\_\_\_ DATE OPENED: \_\_\_\_\_

### CONDITION-BASED SERVICE (CBS)

Item	Service is Due in:	Comments:
Engine Oil	_____ Date/Miles	_____
Front Brakes	_____ Miles	_____
Rear Brakes	_____ Miles	_____
Vehicle Check	_____ Date/Miles	_____

IN-SERVICE DATE: \_\_\_\_\_

**CBS printout REQUIRED!**

Item	Service is Due in:	Comments:
Brake Fluid	_____ Months	_____
Microfilter	_____ Miles	_____
Air Cleaner	_____ Date/Miles	_____
Spark Plugs	_____ Miles	_____

### VEHICLE MAINTENANCE HISTORY

Engine Oil Services	YES	Date of Service:
First Service	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____
Next or Annual	<input type="checkbox"/>	_____

**DCS Warranty Vehicle Inquiry printout REQUIRED!**

Brake Services	YES	Date of Service:
Front Pads	<input type="checkbox"/>	_____
Rear Pads	<input type="checkbox"/>	_____
Front Rotors	<input type="checkbox"/>	_____
Rear Rotors	<input type="checkbox"/>	_____
Fluid Replacement	<input type="checkbox"/>	_____
Other		
Belts Replaced	<input type="checkbox"/>	_____
Wipers/Inserts	FT <input type="checkbox"/> RR <input type="checkbox"/>	_____
Filters (Cabin/Engine)	<input type="checkbox"/>	_____

**OPEN CAMPAIGNS?** YES NO  
**NON-MINI PERFORMANCE MODIFICATIONS?** YES NO  
**HAS CARFAX OR AUTOCHECK REPORT BEEN RUN?** YES NO  
**DOES CARFAX OR AUTOCHECK REPORT DISQUALIFY FOR MINI CPO?** YES NO  
**BODY REPAIR HISTORY?** YES NO

Body Repair History: Repair Order(s): \_\_\_\_\_ DATE: \_\_\_\_\_ DEALER: \_\_\_\_\_ 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  
 Dealer/Factory installed JCW kit? YES NO  
 JCW Kit registered on DCSNet? YES NO



Vehicles NOT qualified for enrollment or sale as MINI CPO:  
 • Inconsistent or incomplete maintenance history  
 • Non-MINI 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, Tread & Condition:
Left Front	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Left Rear	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Spare (if applicable)	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Right Rear	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Right Front	_____ psi	_____ mm	_____ mm	_____ mm	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

### WHEEL INSPECTION

Location	OEM*	Style, Condition & Torque:	Location	OEM*	Style, Condition & Torque:
Left Front	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	Right Rear	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Left Rear	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	Right Front	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Spare (if applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____			

### 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"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Left Rear	_____ mm	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Right Rear	_____ mm	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Right Front	_____ mm	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

## SECTION 3: BODY CONDITION, FIT & FINISH

AREA	MEETS MINI GUIDELINES & STANDARDS	COMMENTS
Front bumper	<input type="checkbox"/>	_____
Hood	<input type="checkbox"/>	_____
Core support	<input type="checkbox"/>	_____
Engine carrying rails	<input type="checkbox"/>	_____
Inner fenders	<input type="checkbox"/>	_____
Front fenders: left & right	<input type="checkbox"/>	_____
Doors: left/right	<input type="checkbox"/>	_____
A pillar: left/right	<input type="checkbox"/>	_____
B pillar: left/right	<input type="checkbox"/>	_____
C pillar: left/right	<input type="checkbox"/>	_____
D pillar: left/right	<input type="checkbox"/>	_____
Rocker/sill panels	<input type="checkbox"/>	_____
Roof	<input type="checkbox"/>	_____
Convertible top	<input type="checkbox"/>	_____
Sunroof (Hardtop)	<input type="checkbox"/>	_____
Quarter panel: left/right	<input type="checkbox"/>	_____
Antenna	<input type="checkbox"/>	_____
Hatch (model dependent)	<input type="checkbox"/>	_____
Tailgate (model dependent)	<input type="checkbox"/>	_____
Club doors (model dependent)	<input type="checkbox"/>	_____
Rear license plate	<input type="checkbox"/>	_____
Rear taillight assemblies	OEM* <input type="checkbox"/> Y <input type="checkbox"/> NO	_____
Rear bumper	<input type="checkbox"/>	_____
Park Distance Control	<input type="checkbox"/>	_____
Spare wheel well	<input type="checkbox"/>	_____
Rear floor plan	<input type="checkbox"/>	_____
Inner trunk panels	<input type="checkbox"/>	_____
Fuel-filler door	<input type="checkbox"/>	_____
Mirror assembly (2)	<input type="checkbox"/>	_____
Alignment of all panels	<input type="checkbox"/>	_____

AREA	MEETS MINI GUIDELINES & STANDARDS	COMMENTS
<b>GLASS AREA</b>		
Windshield	<input type="checkbox"/> Y <input type="checkbox"/> NO	_____
Door & side glass	<input type="checkbox"/> Y <input type="checkbox"/> NO	_____
Rear window	<input type="checkbox"/> Y <input type="checkbox"/> NO	_____
Exterior mirrors	<input type="checkbox"/> Y <input type="checkbox"/> NO	_____
Interior mirror	<input type="checkbox"/> Y <input type="checkbox"/> NO	_____
<b>INTERIOR</b>		
Door weather seal	<input type="checkbox"/>	_____
Carpet/floor mats	<input type="checkbox"/>	_____
Interior trim	<input type="checkbox"/>	_____
Cup holder(s)	<input type="checkbox"/>	_____
Interior light(s)	<input type="checkbox"/>	_____
Glovebox	<input type="checkbox"/>	_____
Seats	<input type="checkbox"/>	_____
Headliner	<input type="checkbox"/>	_____
Manuals	<input type="checkbox"/>	_____
<b>TRUNK</b>		
Tools	<input type="checkbox"/>	_____
Jack (model dependent)	<input type="checkbox"/>	_____
Cargo Net (model dependent)	<input type="checkbox"/>	_____
Cargo Cover (model dependent)	<input type="checkbox"/>	_____
Cargo Mat (model dependent)	<input type="checkbox"/>	_____
<b>KEYS</b>		
Master	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
Valet (model dependent)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
Wallet (model dependent)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	_____
<b>B PILLAR STICKERS:</b>		
VIN	<input type="checkbox"/>	_____
Tire Placard	<input type="checkbox"/>	_____

## SECTION 4: MECHANICAL

MEETS MINI GUIDELINES & STANDARDS	COMMENTS
Headlight assembly	OEM* <input type="checkbox"/> Y <input type="checkbox"/> NO
Fog light assembly	OEM* <input type="checkbox"/> Y <input type="checkbox"/> NO
Headlight washer jets (optional)	<input type="checkbox"/>
Wiper blade, assembly & jets	<input type="checkbox"/>
Door handle, hinge & lock	<input type="checkbox"/>
Central locking functions	<input type="checkbox"/>
Comfort Access	<input type="checkbox"/>
Alarm functions	<input type="checkbox"/>
Seat and headrest functions	<input type="checkbox"/>
Safety belt(s)	OEM* <input type="checkbox"/> Y <input type="checkbox"/> NO
Airbag(s)	OEM* <input type="checkbox"/> Y <input type="checkbox"/> NO
Airbags (Side Curtain)	
Deactivated	<input type="checkbox"/> Y <input type="checkbox"/> NO
Child locking functions	<input type="checkbox"/>
Fuel-filler door locking	<input type="checkbox"/>
Trunk lock	<input type="checkbox"/>
Rear wiper (optional)	<input type="checkbox"/>
Shock absorbers	<input type="checkbox"/>
Suspension components	OEM* <input type="checkbox"/> Y <input type="checkbox"/> NO
Front control arm bushings	<input type="checkbox"/>
Steering	<input type="checkbox"/>
Major component mounts	<input type="checkbox"/>
Exhaust system	<input type="checkbox"/>
Poly-V Belt	<input type="checkbox"/>
Belt tensioner	<input type="checkbox"/>
Cooper S JCW only: Spark Plugs	<input type="checkbox"/>

MEETS MINI MECHANICAL GUIDELINES & STANDARDS	COMMENTS
<b>Fluid levels:</b>	
Engine Oil	<input type="checkbox"/>
Brake	<input type="checkbox"/>
Power steering	<input type="checkbox"/>
Washer	<input type="checkbox"/>
Transmission	<input type="checkbox"/>
Coolant	<input type="checkbox"/>
<b>Coolant:</b>	
<b>Production Level:</b>	-5F -10-F -15F -20F -25F -30F -35F
(circle one)	<span style="background-color: red; color: white; padding: 2px;">SERVICE</span> <span style="background-color: yellow; padding: 2px;">ACCEPTABLE</span> <span style="background-color: green; color: white; padding: 2px;">GOOD</span>
<b>Fluid leaks:</b>	
(of components, lines, tanks & couplings)	Transmission <input type="checkbox"/>
	Differential Front/Rear <input type="checkbox"/>
	CV joints and boots <input type="checkbox"/>
	Gas <input type="checkbox"/>
	Engine Oil <input type="checkbox"/>
	Brake <input type="checkbox"/>
	Power steering <input type="checkbox"/>
	Shocks & Struts <input type="checkbox"/>
	Coolant <input type="checkbox"/>
	A/C <input type="checkbox"/>
	Hydraulic <input type="checkbox"/>
<b>Battery Voltage:</b>	
(circle one)	12.0 and Below 12.1 12.49 12.5 12.7
	<span style="background-color: red; color: white; padding: 2px;">REPLACE</span> <span style="background-color: yellow; padding: 2px;">CHARGE</span> <span style="background-color: green; color: white; padding: 2px;">GOOD</span>
The minimum voltage for delivery of any Pre-Owned MINI to a customer is 12.50V. Note: See "Battery Inspection/State of Charge" in the MINI CPO Dealer Operations Manual	
<b>Diagnostic fault review:</b>	
Corrected	<input type="checkbox"/>
& Cleared	<input type="checkbox"/>

## SECTION 5: STATIONARY REVIEW

Minimum road test time period: 20 uninterrupted minutes.  
 Minimum road test distance: 5 continuous miles.

Mileage Before: \_\_\_\_\_

Mileage After: \_\_\_\_\_

Mileage (BEFORE and AFTER) is to be verified through attaching a copy of the Key Reader.

	AREA	MEETS MINI GUIDELINES & STANDARDS	COMMENTS																
<b>Driver's Seat Functions</b>	Safety Belt	<input type="checkbox"/>	_____																
	Front/back-up/down	<input type="checkbox"/>	_____																
	Headrest	<input type="checkbox"/>	_____																
	Lumbar (if applicable)	<input type="checkbox"/>	_____																
<b>Mirror Functions</b>	Outside left/right	<input type="checkbox"/>	_____																
	Interior — self dimming	<input type="checkbox"/>	_____																
<b>Navigation System</b>	Functional Test and Deliver with a working CD or DVD	<input type="checkbox"/>	_____																
<b>Windshield</b>	Rain Sensor Operation	<input type="checkbox"/>	_____																
<b>On-Board Computer</b>	Functional test	<input type="checkbox"/>	_____																
<b>Steering Wheel</b>	Adjustable	<input type="checkbox"/>	_____																
	Airbag	<input type="checkbox"/>	_____																
	Audio functions	<input type="checkbox"/>	_____																
	Horn functions	<input type="checkbox"/>	_____																
<b>Stalk Controls</b>	Wiper/washer	<input type="checkbox"/>	_____																
	High beams	<input type="checkbox"/>	_____																
	Computer	<input type="checkbox"/>	_____																
<b>Pedal Function</b>	Gas	<input type="checkbox"/>	_____																
	Brake	<input type="checkbox"/>	_____																
	Clutch (if applicable)	<input type="checkbox"/>	_____																
<b>Gearshift Function</b>		<input type="checkbox"/>	_____																
<b>Parking Brake Function</b>		<input type="checkbox"/>	_____																
<b>HVAC Control</b>	Heat (circle one)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">50F</td> <td style="width: 10%;">55F</td> <td style="width: 10%;">60F</td> <td style="width: 10%;">65F</td> <td style="width: 10%;">70F</td> <td style="width: 10%;">75F</td> <td style="width: 10%;">80F</td> <td style="width: 10%;">85F</td> </tr> <tr> <td colspan="2" style="background-color: red; color: white;">SERVICE</td> <td colspan="2" style="background-color: yellow;">ACCEPTABLE</td> <td colspan="4" style="background-color: green; color: white;">GOOD</td> </tr> </table>	50F	55F	60F	65F	70F	75F	80F	85F	SERVICE		ACCEPTABLE		GOOD				_____
	50F	55F	60F	65F	70F	75F	80F	85F											
SERVICE		ACCEPTABLE		GOOD															
A/C (circle one)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">40F</td> <td style="width: 10%;">45F</td> <td style="width: 10%;">50F</td> <td style="width: 10%;">55F</td> <td style="width: 10%;">60F</td> <td style="width: 10%;">65F</td> <td style="width: 10%;">70F</td> </tr> <tr> <td colspan="2" style="background-color: green; color: white;">GOOD</td> <td colspan="2" style="background-color: yellow;">ACCEPTABLE</td> <td colspan="3" style="background-color: red; color: white;">SERVICE</td> </tr> </table>	40F	45F	50F	55F	60F	65F	70F	GOOD		ACCEPTABLE		SERVICE			_____			
40F	45F	50F	55F	60F	65F	70F													
GOOD		ACCEPTABLE		SERVICE															
<b>Audio Function</b>	Fan	<input type="checkbox"/>	_____																
	Temp Range	<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 defrost	<input type="checkbox"/>	_____																
	Re-circulating	<input type="checkbox"/>	_____																
	Radio:	<input type="checkbox"/>	_____																
	AM	<input type="checkbox"/>	_____																
	FM	<input type="checkbox"/>	_____																
	CD	<input type="checkbox"/>	_____																
Satellite Radio (if applicable)	<input type="checkbox"/>	_____																	
iPod Adapter (if applicable)	<input type="checkbox"/>	_____																	
Aux input	<input type="checkbox"/>	_____																	
Speakers:	<input type="checkbox"/>	_____																	
Balance	<input type="checkbox"/>	_____																	
Fade	<input type="checkbox"/>	_____																	
<b>Convertible Top</b>	Sunroof section	<input type="checkbox"/>	_____																
	Top Opening & Closing sequence	<input type="checkbox"/>	_____																

## SECTION 5: STATIONARY REVIEW (CONTINUED)

	AREA	MEETS MINI GUIDELINES & STANDARDS	COMMENTS
<b>Electrical</b>	Vanity/visor	<input type="checkbox"/>	_____
	Map/interior	<input type="checkbox"/>	_____
	Headlights	<input type="checkbox"/>	_____
	Fog lights, front/rear (if applicable)	<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"/>	_____
	Rear PDC	<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"/>	_____
Convertible top, and sunroof section	<input type="checkbox"/>	_____	

## SECTION 6: ROLLING REVIEW

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

	AREA	MEETS MINI GUIDELINES & STANDARDS	COMMENTS
<b>Engine Performance</b>	Cold/hot starting	<input type="checkbox"/>	_____
	Idle smoothness	<input type="checkbox"/>	_____
	Acceleration	<input type="checkbox"/>	_____
<b>Transmission Shifting</b>	Manual/Automatic/CVT	<input type="checkbox"/>	_____
<b>Cruise Control</b>	Function(s)	<input type="checkbox"/>	_____
<b>Noise</b>	Wind	<input type="checkbox"/>	_____
	Squeaks	<input type="checkbox"/>	_____
	Rattles	<input type="checkbox"/>	_____
<b>Vehicle Handling</b>	Vibration	<input type="checkbox"/>	_____
	Stability	<input type="checkbox"/>	_____
	Braking	<input type="checkbox"/>	_____
	ABS	<input type="checkbox"/>	_____
	DSC	<input type="checkbox"/>	_____
<b>Steering Wheel</b>	Alignment	<input type="checkbox"/>	_____
<b>Instrument Gauges</b>	Operation	<input type="checkbox"/>	_____
<b>Reset Tire Pressure Monitoring (if equipped) if tire pressure has been adjusted</b>		<input type="checkbox"/>	_____
<b>Other:</b>	_____	<input type="checkbox"/>	_____
	_____	<input type="checkbox"/>	_____
	_____	<input type="checkbox"/>	_____
	_____	<input type="checkbox"/>	_____

## SECTION 7: APPROVAL

Technician's, Service Manager's, and MINI CPO Manager's 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.

**ARE ALL 4 PAGES PRINTED & COMPLETED?**  YES  NO

TECHNICIAN NAME: \_\_\_\_\_ TECH NO.: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE MANAGER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MINI CPO MANAGER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_