Service Worksheet-Due 3 Days After Job.

All Service Labs Must be done in Class – Not at Home

Name_____Date_____ Lab #_____

Autos Level: 1 2 3 4 Period_____

Date of Service_____ (Out of school lab - Please circle: Yes or No)(1 allowed/pics required)

Vehicle Owner_____

Type of Service_____ (Demonstration-Please circle: Yes or No)

Year_____ Make_____ Model_____

Mileage_____

Engine Displacement_____ or Liters/CID_____

Basic Inspections – ALL Sections Must be Completed unless otherwise instructed by INSTRUCTOR.

Tire Pressure (Actual Measurement): FR_____ FL_____RL_____ RR_____

Tire Pressure-Recommended: _____

Oil Level: OK Low Note:_____

Coolant Level: OK Low Note:_____

Brake Fluid Level: OK Low Note:_____

Power Steering Fluid Level: OK Low Note:_____

Wiper Fluid Level: OK Low Note:_____

Transmission Fluid Level: OK Low Note:_____ (**Must be Completed unless otherwise instructed by INSTRUCTOR.**

Service Description in Detail:

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