



CVA SUPPLEMENTAL INSPECTION SHEET FOR SGI INSPECTIONS

Vendor Name and Address		
Vehicle Plate	Unit #	Invoice #
SGI Inspection Form #	Date:	

SGI Inspection Type	Mark 'X'	<p>Safety recalls check: Please check with the manufacturers for any outstanding recalls.</p> <p>Are there any pending safety recalls? Yes/No</p> <p>Ask the driver to take the vehicle to the dealership if there are any outstanding recalls.</p>
Light Duty Taxi	<input type="checkbox"/>	
Truck and Power	<input type="checkbox"/>	
Bus	<input type="checkbox"/>	
Light Duty PMVI	<input type="checkbox"/>	

ROAD TEST, HIGHWAY & CITY	OK	REPAIR REQUIRED	CORRECTED	DESCRIPTIONS	RECOMMENDATION
Any warning lights/messages on while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Engine performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Transmission operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Four wheel drive operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Noises and vibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instrument cluster/panel, switches, radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Heater and A/C operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ADDITIONAL ITEMS	OK	REPAIR REQUIRED	CORRECTED	DESCRIPTIONS	RECOMMENDATION
Engine oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All powertrain fluids, level, condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Powertrain leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spare tire hoist operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Body damage/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Undercarriage damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tire condition, including spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tire pressure, including spare, please record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LF: RF: LR: RR: INSIDE DUAL, L: R: SPARE:

NOTE: Please provide any necessary recommendations in excess of the SGI minimum standard for repairs needed to maintain the vehicle's safety/roadworthiness for the next six (6) months.

Vendor Signature	Driver Signature	Driver Name (Please print)	Driver Phone #

Repairs must be estimated, and if more than \$300, you must call CVA at 1-877-787-6902 to obtain authorization before repair.
 Tire and windshield replacement must have prior authorization regardless of the dollar value.
 This original form must be submitted to CVA attached to the repair invoice and the pink SGI inspection sheet. A photocopy can be given to client/driver if requested.
 Signature verifies that all applicable inspection items have been checked and driver verifies knowledge of defects.

* Change oil if last oil change was more than 5,000 kms or five (5) months ago (recommended oil change interval is 6,000 kms or six (6) months), whichever comes first.

Date Revised: January 2014