

ORO-TEK™ TPMS Checklist

Date ____ / ____ / ____

Invoice/Ticket # _____

Customer Name _____

Make _____

Model _____

Year _____

Check TPMS warning light

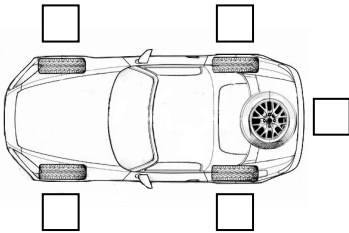
- Solid
- Blinking
- Off



Valve Test

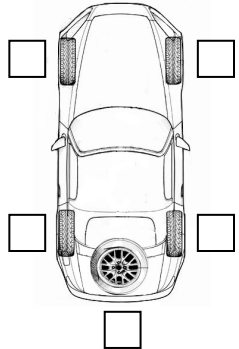
✓ = OK

✗ = Damage

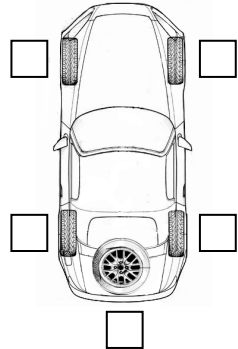


Scan Sensors

Before



After



Mileage

VIN

Production Date

____ / ____

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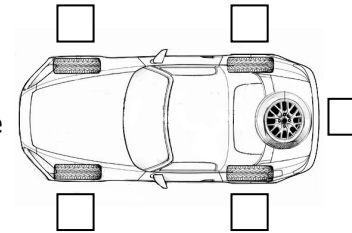
- Solid
- Blinking
- Off



Valve Test

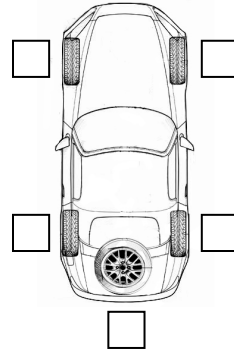
✓ = OK

✗ = Damage

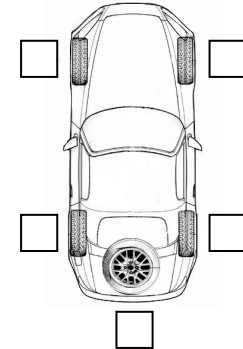


Scan Sensors

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After



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