



Date ____ / ____ / ____

Invoice/Ticket # _____

TPMS Checklist

Customer Name _____

Check TPMS warning light

- Solid
- Blinking
- Off



Make _____

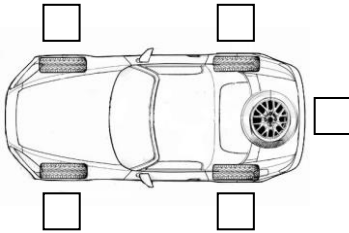
Model _____

Year _____

Valve Test

✓ = OK

✗ = Damage



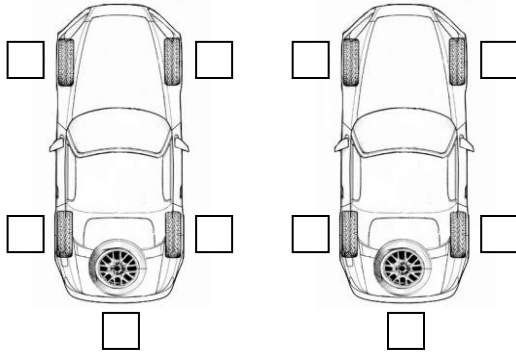
Scan Sensors

✓ = Yes

✗ = No

Before

After



Mileage

VIN

Production Date

____ / ____



Date ____ / ____ / ____

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Make _____

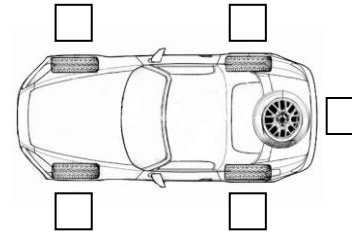
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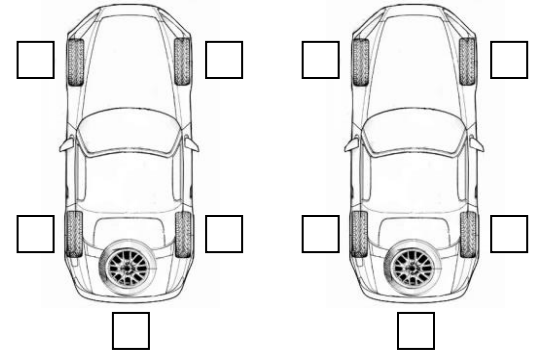
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✓ = Yes

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Before

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Mileage

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____ / ____