PRE-ALIGNMENT CHECK

Registration Number:		Employee Name:	
Date:		Customer Name:	
Car Make/Model:		Mileage:	

WEAR INSPECTION – FRONT/REAR

	OK	MARGINAL	FAIL
PLAY IN STEERING & SUSPENSION			
WHEEL BEARINGS			
OTHER			

TYRE INFORMATION

Air Pressure Before	FRONT LEFT	Air Pressure After		Air Pressure Before	FRONT RIGHT	Air Pressure After
Tread Depth				Tread Depth		
Wear				Wear		
Air Pressure Before	REAR LEFT	Air Pressure After		Air Pressure Before	REAR RIGHT	Air Pressure After
Tread Depth				Tread Depth		
Wear				Wear		

ADDITIONAL COMMENTS

PRE-ALIGNMENT QUESTIONNAIRE

Registration Number:		Employee Name:	
Date:		Customer Name:	
Car Make/Model:		Mileage:	

Why is an alignment requested?

Tyre Wear	
Car Drifts/Pulls	
Vehicle Wanders	
Steering Wheel Not Centred	
When Did It Start	
Unusual Load Conditions	

Experiencing Vibration? Symptoms?

Vehicle Conditions		When Does It Occur?	When Did It Start?
Noise			
Vibration			
Harshness			
Other			

Is It Felt Through:					
Steering Wheel		**Brake Pedal**		**Gear Lever**	
Floor		**Seat**		**Other** _____	
Tick all relevant sections					
When?					
What Speeds?					

Additional Notes