

STRUCTURAL REPAIR CHECKLIST

Vehicle Make: _____

Registration No: _____

Name of Repair Facility: _____

Vehicle Model: _____

Insurance Co: _____

Claim No: _____

Job No: _____

VIN:

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✓ = COMPLETED ✗ = NOT APPLICABLE

DISASSEMBLY

Technician _____

<input type="checkbox"/>	Completed as per job sheet	
<input type="checkbox"/>	Photos taken (No. _____)	
Completed	Initial	
	Date	

REASSEMBLY

Technician _____

<input type="checkbox"/>	Check undersealing	
<input type="checkbox"/>	Check rustproofing	
<input type="checkbox"/>	Check water leaks	
<input type="checkbox"/>	Check fluid levels	
<input type="checkbox"/>	Check antifreeze	
<input type="checkbox"/>	Reset clock	
<input type="checkbox"/>	Reset radio	
<input type="checkbox"/>	Check central locking	
<input type="checkbox"/>	Test horn	
<input type="checkbox"/>	Test tail-lights	
<input type="checkbox"/>	Check number plate lights	
<input type="checkbox"/>	Test / Set headlights	
<input type="checkbox"/>	Check flasher lamps	
<input type="checkbox"/>	Check battery terminals	
<input type="checkbox"/>	Check wheel nuts	
<input type="checkbox"/>	Check wipers (front and rear)	
<input type="checkbox"/>	Check dashboard warning lights	
<input type="checkbox"/>	Check badges and mouldings	
<input type="checkbox"/>	Complete road test	
<input type="checkbox"/>	Photos taken (No. _____)	
Completed	Initial	
	Date	

REPAIR

Structural Repair Technician _____

<input type="checkbox"/>	Repair procedure received, read & retained on file	
<input type="checkbox"/>	3D measurement report saved	
<input type="checkbox"/>	Weld quality checked	
<input type="checkbox"/>	Repair quality verified	
<input type="checkbox"/>	Panel fit verified	
<input type="checkbox"/>	Pinholes filled	
<input type="checkbox"/>	Pre-fit completed	
<input type="checkbox"/>	New parts – checked and mirror matched	
<input type="checkbox"/>	Recycled parts – checked and mirror matched	
<input type="checkbox"/>	Disassembly completed	
<input type="checkbox"/>	Cleaned for paintshop	
<input type="checkbox"/>	Photos taken – all stages of repair (No. _____)	
Completed	Initial	
	Date	

REFINISH

Paint Technician _____

<input type="checkbox"/>	Finish quality verified	
<input type="checkbox"/>	Colour match verified	
<input type="checkbox"/>	Buffing and polishing completed	
<input type="checkbox"/>	Overspray and misting removed	
<input type="checkbox"/>	Sill clamp marks painted	
<input type="checkbox"/>	Underbody & wheel arches painted	
<input type="checkbox"/>	Bolts brush touched	
<input type="checkbox"/>	Cleaned for reassembly	
<input type="checkbox"/>	Photos taken (No. _____)	
Completed	Initial	
	Date	

SUBLET

Technician _____

<input type="checkbox"/>	Pinstripes and decals	
<input type="checkbox"/>	Wheel alignment – report saved	
<input type="checkbox"/>	Air conditioning	
<input type="checkbox"/>	Wheel repairs	
<input type="checkbox"/>	Mechanical repairs	
<input type="checkbox"/>	Safety systems check	
<input type="checkbox"/>	Other	
Completed	Initial	
	Date	

DETAILING

Technician _____

<input type="checkbox"/>	Polishing complete	
<input type="checkbox"/>	Check door shuts	
<input type="checkbox"/>	No compound left in door shuts	
<input type="checkbox"/>	Engine bay	
<input type="checkbox"/>	Vacuumed	
<input type="checkbox"/>	Overspray mist	
Completed	Initial	
	Date	

FINAL INSPECTION

Inspected by	
Completed	
Signature	
Date	
ALL DOCUMENTS ATTACHED	