



# 2002 TOYOTA RAV4 EV PRE-DELIVERY SERVICE CHECK SHEET

	OK	Adjust/ Repair		OK	Adjust/ Repair
<b>A. BEFORE INSPECTION</b>			<b>E. UNDER VEHICLE (ON HOIST)</b>		
<b>01 INSTALL FUSES</b> Dome, A/C fuses in EV & Motor Room R/B			<b>01</b> Check transaxle fluid level ..... <input type="checkbox"/> <input type="checkbox"/> <b>02</b> Inspect tires for defects/damage and adjust tire pressure ..... <input type="checkbox"/> <input type="checkbox"/> <b>03</b> Inspect for coolant and other fluid leaks ..... <input type="checkbox"/> <input type="checkbox"/> <b>04</b> Visually check bolts on traction battery for looseness ... <input type="checkbox"/> <input type="checkbox"/> <b>05</b> Install wheel caps ..... <input type="checkbox"/>		
<b>B. FUNCTIONAL OPERATION</b> <i>Apply parking brake, turn motor switch "ON," ("READY" is off) turn on headlights and rear defogger, and unlock doors.</i>			<b>F. ROAD TEST</b> <i>A complete road test helps assure Customer Satisfaction. Drive vehicle over a variety of road surfaces and driving conditions. Check for unusual noises and vehicle performance.</i>		
<b>01</b> Check dome/map lights ..... <input type="checkbox"/> <input type="checkbox"/> <b>02</b> Check warning/indicator lights, gauges, and horn ..... <input type="checkbox"/> <input type="checkbox"/> <b>03</b> Check windshield wipers and washers ..... <input type="checkbox"/> <input type="checkbox"/> <b>04</b> Check headlights, instrument lights, turn signals emergency flashers, and brake lights ..... <input type="checkbox"/> <input type="checkbox"/> <b>05</b> Check inside/outside rear view mirror operation/adjustment ..... <input type="checkbox"/> <input type="checkbox"/> <b>06</b> Check cigarette lighter ..... <input type="checkbox"/> <input type="checkbox"/> <b>07</b> Check audio system and set clock ..... <input type="checkbox"/> <input type="checkbox"/> <b>08</b> Check seat heater operation ..... <input type="checkbox"/> <input type="checkbox"/> <b>09</b> Install shift-lock override button cover ..... <input type="checkbox"/>			<b>Enter Odometer Reading</b> Reading Before Test _____ Reading After Test _____		
<b>C. WALKAROUND INSPECTION</b> <i>Start at left front door. Check window and door lock operation (from master power switch, if equipped). Continue around vehicle in a counterclockwise direction checking each door and window operation, child door locks, seat belts, interior condition, all lights, trunk contents. Finish by checking headlight aim and continue into UNDER HOOD checks.</i>			<b>01</b> Check motor operation ..... <input type="checkbox"/> <input type="checkbox"/> <b>02</b> Check shift selector operation & EB switch operation ... <input type="checkbox"/> <input type="checkbox"/> <b>03</b> Check brake and parking brake operation ..... <input type="checkbox"/> <input type="checkbox"/> <b>04</b> Check steering operation and off-center/vehicle pull/flutter ..... <input type="checkbox"/> <input type="checkbox"/> <b>05</b> Inspect for abnormal noises and vibration ..... <input type="checkbox"/> <input type="checkbox"/> <b>06</b> Inspect for squeaks and rattles ..... <input type="checkbox"/> <input type="checkbox"/> <b>07</b> Check A/C and heater operation ..... <input type="checkbox"/> <input type="checkbox"/>		
<b>01</b> Check window operation ..... <input type="checkbox"/> <input type="checkbox"/> <b>02</b> Check door and door lock operation ..... <input type="checkbox"/> <input type="checkbox"/> <b>03</b> Check that the vehicle starts (READY is illuminated) with all keys ..... <input type="checkbox"/> <input type="checkbox"/> <b>04</b> Check heated windshield (HWS) operation ..... <input type="checkbox"/> <input type="checkbox"/> <b>05</b> Check that child safety door locks are in normal (unlocked) position ..... <input type="checkbox"/> <input type="checkbox"/> <b>06</b> Check seats and seat belt operation ..... <input type="checkbox"/> <input type="checkbox"/> <b>07</b> Check rear defogger ..... <input type="checkbox"/> <input type="checkbox"/> <b>08</b> Check side marker, tail, backup, and license plate lights . <input type="checkbox"/> <input type="checkbox"/> <b>09</b> Check cargo light and cargo trim appearance ..... <input type="checkbox"/> <input type="checkbox"/> <b>10</b> Check spare tire pressure and jack/tool installation ..... <input type="checkbox"/> <input type="checkbox"/> <b>11</b> Check charge port inlet ..... <input type="checkbox"/> <input type="checkbox"/> <b>12</b> Check headlight aim ..... <input type="checkbox"/> <input type="checkbox"/>			<b>G. FINAL INSPECTION AND CLEANING</b>		
<b>D. UNDER HOOD</b>			<b>01</b> Remove interior protective covers, unnecessary labels, tags, etc. .... <input type="checkbox"/> <b>02</b> Visually inspect all interior parts for installation, damage, fit, dirt, etc. .... <input type="checkbox"/> <input type="checkbox"/> <b>03</b> Remove Rappgard™ protective film ..... <input type="checkbox"/> <b>04</b> Wash and clean vehicle ..... <input type="checkbox"/> <b>05</b> Inspect paint finish for scratches, chips, rust, dents, damage, etc. .... <input type="checkbox"/> <input type="checkbox"/> <b>06</b> Inspect exterior body parts for proper installation, damage, rust, etc. .... <input type="checkbox"/> <input type="checkbox"/> <b>07</b> Recharge traction battery ..... <input type="checkbox"/>		
<b>01</b> Check brake and power steering fluid levels ..... <input type="checkbox"/> <input type="checkbox"/> <b>02</b> Check radiator coolant level ..... <input type="checkbox"/> <input type="checkbox"/> <b>03</b> Check windshield washer fluid level ..... <input type="checkbox"/> <input type="checkbox"/> <b>04</b> Check auxiliary battery state-of-charge by Open Circuit Voltage method. Recharge if below 12.4 volts (75% charge) <input type="checkbox"/> <input type="checkbox"/> <b>05</b> Inspect for coolant and other fluid leaks ..... <input type="checkbox"/> <input type="checkbox"/>			COMMENTS _____ _____ _____ _____ _____		
Completion and retention of this form is required to comply with Toyota's Warranty Policy.					
_____ TECHNICIAN'S SIGNATURE		_____ SERVICE MANAGER'S SIGNATURE		<i>We hereby certify that all items on this form have been checked and corrected for proper operation as required.</i>	
_____ NAME (PLEASE PRINT)		_____ NAME (PLEASE PRINT)			
Date	Dealer Name		Dealer Code	Vehicle Identification Number (Sticker)	