



Pre-Delivery Inspection Checklist

Complete this form before the unit is displayed for sale and submit to HISUN.

sales@hisunmotors.com | Fax 972-446-0765 | 310 E. University Dr. McKinney, TX 75069

Model Number																
VIN Number																
Engine Serial																

Dealer Number _____ Technician _____ Inspection Date _____

Dealer Name _____ City _____ State _____

Date MCO was Received _____

Initial each box when completed.

Fluids

<input type="checkbox"/>	Motor Oil (10W40 SJ Motorcycle Grade Oil)
<input type="checkbox"/>	Differential Oil (80W90 GL5 Hypoid Gear Lube)
<input type="checkbox"/>	Brake Master Cylinder
<input type="checkbox"/>	Coolant
<input type="checkbox"/>	Check Coolant Hose Clamps (On the right side of the barb and are tight)

Engine

<input type="checkbox"/>	Engine Starts
<input type="checkbox"/>	Idle Speed (1400 ± 100 rpm)
<input type="checkbox"/>	Throttle Response (No hesitation or back firing)
<input type="checkbox"/>	Operating Temperature (Go through 1 fan cycle)

Electronics & Lights

<input type="checkbox"/>	Headlights (Low and High)
<input type="checkbox"/>	Hazards / Turn Signals
<input type="checkbox"/>	Tail Lights
<input type="checkbox"/>	Brake Lights
<input type="checkbox"/>	Battery and Instrument Panel Lights
<input type="checkbox"/>	Winch Operation (if applicable)

Brakes

<input type="checkbox"/>	Check Brakes (Does it stop?)
<input type="checkbox"/>	Brake Pedal Feet (Pedal is not spongy or fades)
<input type="checkbox"/>	Parking Brake (Can you push the unit with the parking brake engaged?)

Transmission

<input type="checkbox"/>	Neutral Found
<input type="checkbox"/>	Drive Forward (in hi and low gears)
<input type="checkbox"/>	Drive In Reverse
<input type="checkbox"/>	Engage Four Wheel Drive and Drive Forward (Listen for the engagement)

Body, Wheels, & Tires

<input type="checkbox"/>	Verified Running Tire Pressure as Printed in Owner's Manual
<input type="checkbox"/>	Lug Nut Torque (40 ft lbs)
<input type="checkbox"/>	All Body & Frame Fasteners Are Tight
<input type="checkbox"/>	Steering & Other Controls (Tight & Operational)
<input type="checkbox"/>	Seat Belts

Comments _____
