



Battery Test Record (SERVICE AFTER INSTALL)

PERSONAL INFORMATION

Today's Date _____

Name _____

VEHICLE INFORMATION

Mileage _____

Tag # _____ State _____ Color _____

Year _____ Make _____ Model _____

Vehicle Owner _____

Battery Test (Place in client File)

<u>OK</u>		<u>Not OK</u>
<input type="checkbox"/>	Battery in good condition and terminals clean	<input type="checkbox"/>
<input type="checkbox"/>	Battery Load test Passed GOOD	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle starts with no hesitation, sputtering or multiple attempts	<input type="checkbox"/>

Comments _____

Technician Signature _____

Repeat Test (same vehicle as above.

Date

Battery Test (Place in client File)

<u>OK</u>		<u>Not OK</u>
<input type="checkbox"/>	Battery in good condition and terminals clean	<input type="checkbox"/>
<input type="checkbox"/>	Battery Load test Passed	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle starts with no hesitation, sputtering or multiple attempts	<input type="checkbox"/>

Comments _____

Technician Signature _____

Repeat Test (same vehicle as above.

Date

Battery Test (Place in client File)

<u>OK</u>		<u>Not OK</u>
<input type="checkbox"/>	Battery in good condition and terminals clean	<input type="checkbox"/>
<input type="checkbox"/>	Battery Load test Passed	<input type="checkbox"/>
<input type="checkbox"/>	Vehicle starts with no hesitation, sputtering or multiple attempts	<input type="checkbox"/>

Comments _____

Technician Signature _____