Tire inspection checklist

Date: _____ **Plate:** _____ **Vehicle:** _____

Odometer: _____ **Checked by:** _____ **Customer:** _____

Season: ☐ Summer ☐ Winter ☐ All-season

Position	Tread outer (mm)	Tread center (mm)	Tread inner (mm)	Target pressure	Measured pressure	DOT	Valve	Rotation direction	Damage	Result (OK, watch, replace)
Front left										
Front right										
Rear left										
Rear right										
Spare										

Recommendation:

The result was explained to me (customer signature) _____ Date _____