

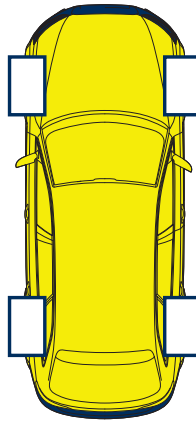
TEST REPORT TPMS

Customer: _____ Date: _____
 Number plate: _____ Mileage: _____
 Manufacturer/model: _____ Built: _____
 Tire set: summer winter all season
 TPMS-System: direct indirect Inspector: _____

RECEIVING REPORT

Sensor front left

OK
 NOK _____
 ID: _____
 Pressure: _____



Sensor front right

OK
 NOK _____
 ID: _____
 Pressure: _____

Sensor rear left

OK
 NOK _____
 ID: _____
 Pressure: _____

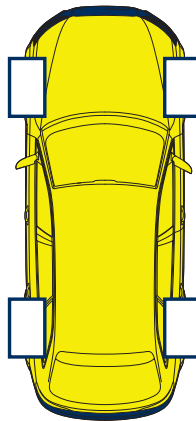
Sensor rear right

OK
 NOK _____
 ID: _____
 Pressure: _____

DELIVERY REPORT

Sensor front left

Sensor replaced? Yes
 ID: _____
 Pressure: _____
 OK _____



Sensor front right

Sensor replaced? Yes
 ID: _____
 Pressure: _____
 OK _____

Sensor rear left

Sensor replaced? Yes
 ID: _____
 Pressure: _____
 OK _____

Sensor rear right

Sensor replaced? Yes
 ID: _____
 Pressure: _____
 OK _____

Vehicle re-learned? Yes No

Remarks: _____

Stamp, date, signage