

MULTI-POINT INSPECTION - SNOWMOBILE

The Yamaha multi-point inspection is a series of visual checks performed by your dealer. In the event that service is recommended on a listed item, your Yamaha service advisor will be happy to speak with you about the available options.

This report is an inspection only. Be sure to follow the routine maintenance schedule outlined in your vehicle owner's manual.



Customer Name _____ Date _____ RO/Tag _____

Odometer _____ Hours of use _____ Year/Model _____ VIN _____

OKAY AT THIS TIME	REQUIRES ATTENTION SOON	REQUIRES IMMEDIATE ATTENTION	NOT CHECKED / NOT APPLICABLE
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YAMALUBE ADVANTAGE ENROLLMENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FACTORY MODIFICATION CAMPAIGN REQUIRED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SERVICE TECH: _____

NEXT SERVICE: DUE NOW _____ DUE AT _____ HRS/KMS _____

OILS AND FLUID LEVELS

Engine Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaincase Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coolant Levels, Freezing Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRICAL

Yamaha Diagnostic Tool Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Start / Stop and Tether Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headlight / Taillight / Brake Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument Panel: Tach, Fuel, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Thumb Warmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heated Seat(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Heated Handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGINE AND CVT

Throttle Operation, Cable Free Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVT: Primary, Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driveline bearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

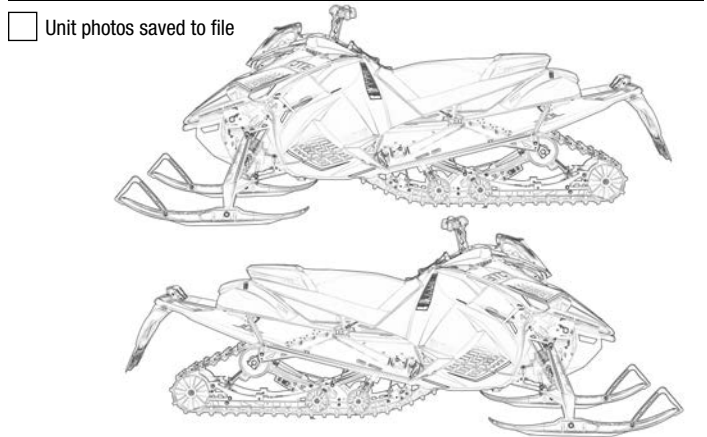
TRACK AND REAR SUSPENSION

Track Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Tension / Alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idler / Suspension Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shock absorber(s), springs, Linkages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Handlebars and Levers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering and Steering Linkages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Suspension: Arms, Pivots, Shock Absorbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodywork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDICATE AREAS OF EXTERNAL DAMAGE OR WEAR



WEAR ITEMS

Left Runner(s)	0, 2, 4, 6, 8", Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Runner(s)	0, 2, 4, 6, 8", Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Hyfax	Thickness _____ mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Hyfax	Thickness _____ mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside Brake Pad	Thickness _____ mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Brake Pad	Thickness _____ mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Cable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Brake Cable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVT-Belt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY LOAD TEST

Checked with size appropriate tester

COMMENTS

Customer Signature _____

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