

Wisconsin Vehicle Inspection Program

REPAIR DATA

For reinspection or waiver qualification, the person performing the repairs must complete this form. Please place one "X" per item in the box to indicate which component has been (A) repaired, (B) replaced, or (C) repairs were recommended but not performed. Mark only ONE BOX per item.

Repair Item Checklist

Recommended But Not Performed

Recommended But Not Performed

		Repaired	Replaced			Repaired	Replaced		
		↓	↓	↓		↓	↓	↓	
Air Filter Element	1:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Air Injection System	15:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Thermostatic Air Cleaner System	2:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Positive Crankcase Ventilation System	16:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Transmission Repairs	3:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Catalytic Converter	17:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Engine Temperature Controls	4:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Evaporative Canister	18:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Idle Speed Adjustment	5:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Repairs for Purge System Failure	19:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Fuel Injection Components	6:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Repairs for Pressure system Failure	20:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Diesel Particulate Filter	7:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Knock Sensor	21:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Fuel Injectors	8:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	MAF Sensor	22:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
PCM Module	9:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Oxygen Sensor	23:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Spark Control System	10:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Computer System Fault Codes	24:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
PCM Reflash	11:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Coolant Sensor	25:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Spark Plugs and/or Wires	12:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	MAP Sensor	26:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Other Ignition System Repairs	13:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Other Sensors	27:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
EGR Valve	14:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	Other (Explain)	28:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>

Repair Summary

Owner Repair? Yes No LICENSE PLATE NO. _____

I hereby certify that the repairs indicated above were performed on this vehicle.

Name(Print): _____ Signature: _____ Date: _____

TOTAL PARTS COST: \$: TOTAL LABOR COST: \$

The following should be completed only if NOT repaired by owner:

Work Order Number: _____ Phone Number: - -

Facility or Person Performing Repair: _____

Address: _____

City: _____ State: _____ Zip: _____

For information about the possible causes for your emissions failure, see the Failed Vehicle brochure ask your automotive repair technician, visit the program website at www.WisconsinVIP.org, or call the program's information hotline at 1-866-OB-D-TEST.