

Vehicle Service Facility Visit

Meets ASE Task: (Not specified by ASE)

Name _____ Date _____ Time on Task _____

Make/Model/Year _____ VIN _____ Evaluation: 4 3 2 1

_____ 1. Visit a local vehicle repair facility.

_____ 2. Check the type of facility visited:

_____ Independent garage

_____ New vehicle dealership

_____ State, county, or local fleet garage

_____ Specialty shop

_____ Mass merchandiser

_____ Other (describe) _____

_____ 3. How many service technicians work at this facility?

_____ 1-3 _____ 4-6 _____ more than 6

_____ 4. Are uniforms/laundry paid for? _____ Yes _____ No

_____ 5. What is the pay method?

_____ Flat-rate _____ Salary

_____ Hourly _____ Other (describe) _____

_____ 6. What are the hours of operation? _____

_____ 7. Does the service facility pay for certification tests? _____ Yes _____ No

_____ 8. List the name and title of the person you visited.

Name _____ Title _____