



# Vehicle Service Facility Visit

Meets NATEF Task: Not specified by NATEF

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 \_\_\_\_\_