



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. Date of visit: _____

____ 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 _____