[ ]  1. Visit a local vehicle repair facility.

Evaluation (Enter number from 4, 3, 2, 1) :\_\_\_\_\_\_\_\_\_

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Meets ASE Task: (Not specified by ASE)

Time on Task:\_\_\_\_\_\_\_\_\_\_\_\_\_

Make/Model/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Service Facility 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_