

# Vehicle Service Facility Visit

Meets ASE Task: Not specified by ASE

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time on Task: \_\_\_\_\_

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

Evaluation (Enter number from 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 \_\_\_\_\_