

Wheel Straightening Quality Assurance Report

NewArc™ Process Checklist

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Primary Inspection..... Pass Fail

Secondary Inspection..... Pass Fail

Number of Bend (s)..... _____

Location of Bend (s)..... _____

Maximum Deflection..... _____

Dimensional Relationship..... _____ : _____ Pass
 Fail

Final TIR..... _____

Date of Repair..... _____

Time of Repair..... _____

Heat Treat Control..... Pass Fail

Final Inspection..... Pass Fail

Marking Standard..... Pass NA

NewArc™ Machine Serial Number..... _____

Invoice Number..... _____

Comments _____

Technician Name: _____

Company Name: _____

Company Phone: _____

Completion of a repair record is required to meet the criteria established by the Society of Automotive Engineers. Please maintain a copy of all repair records associated with your vehicle.