Battery-Checklist

repair shop:
name: ______________________________________
street: ______________________________________
place: ______________________________________
phone-no: ______________________________________

customer:
name: ______________________________________
street: ______________________________________
place: ______________________________________
phone-no: ______________________________________

battery-type:  _____ V      _____ Ah      _____ A\textsubscript{EN}      _____ A\textsubscript{DIN}      type-no.:  _______
production code (edge of lid on backside): ______________________________
terminal stamp:  neg. terminal ____________      pos. terminal __________
delivery date: _____________      filling date(dry charged): _____________
receipt / invoice no.: ______________________________________

visual check:
battery box:  
  □ tight      □ untight
punch marks (mechanical damage):  
  □ yes      □ no
terminal damaged:  
  □ yes      □ no
acid level:  
  □ sufficient and the same in all cells
  □ below min. in one or more cells
  □ brown acid

battery condition:
type battery tester:  _______________      check with  □ EN-current or  □ DIN-current
battery condition at delivery:
open circuit voltage:  _____ V      test result:  _____ A      tester assessment:  _______________
acid density:  
  \begin{tabular}{cccccc}
  \hline
  \text{kg/l} & \text{kg/l} & \text{kg/l} & \text{kg/l} & \text{kg/l} & \text{kg/l} \\
  \text{neg. terminal} & \text{pos. terminal} \\
  \hline
\end{tabular}
battery condition after charging (electric charge at room temperature):
electric charge endurance:  _____ h      current acceptance after 5 minutes:  _____ A      _____ V
charging voltage:  _____ V
open circuit voltage:  _____ V      test result:  _____ A      tester assessment:  _______________
acid density:  
  \begin{tabular}{cccccc}
  \hline
  \text{kg/l} & \text{kg/l} & \text{kg/l} & \text{kg/l} & \text{kg/l} & \text{kg/l} \\
  \hline
\end{tabular}

remarks / customer information:
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

vehicle - type:
season vehicle:  
  □

special fittings in the vehicle (external navigation, park heating, etc.)  
  □

garage battery charger:  
  □      if so, which one:  _________

spezial extractions:
vehicle lifts:  
  □

fixed equipment:  
  □      if so, which one:  _________

wheel chairs, etc.:  
  □

other:  ______________________________________