

ENGINE INSPECTION REQUEST FORM

4REVISION ENGINES

Please complete this form as thoroughly and accurately as possible. The information provided will help us assess your claim, evaluate technical issues, and determine whether warranty coverage applies. Incomplete forms may delay or prevent processing.

1. CUSTOMER & ORDER INFORMATION

Full Name: _____

Company Name (if applicable): _____

Phone Number: _____

Email Address: _____

Invoice or Order Number: _____

Engine Purchase Date: _____

2. ORIGINAL PURCHASE INFORMATION

Purchased From: _____ (If not purchased from

4Revision Engines please include receipt)

4Revision Engines Sales Order Number: _____ Purchase Date: _____ 4Revision

Engines Engine Number: _____

3. VEHICLE DETAILS

Make & Model: _____ Year: _____

VIN (Chassis Number): _____

Mileage at time of engine installation: _____ km

Current vehicle mileage: _____ km

What supercharger/turbocharger is used: _____ Brand: _____

4. INSTALLATION DETAILS

Who performed the installation?

- ☐ Professional workshop, Name Shop: _____
- ☐ Self-installed
- ☐ Other: _____

Was the provided installation guide followed?

- ☐ Yes
- ☐ No

Was the recommended maintenance schedule followed?

- ☐ Yes
- ☐ No – please explain:

Break-in oil used: _____

Oil used during normal operation: _____

Oil change interval (in km): _____

Oil specification used (e.g., BMW LL-17 FE+, API SP, etc.): _____

5. TUNING & FUEL

Was the vehicle tuned? ☐ Yes ☐ No

- Engine Tuner: _____ Date: _____ (DD/MM/YYYY)
- Power output: _____ hp and _____ Nm. **Please attach dyno graph**
- Fuel type used during tuning: _____
- Mileage at time of tuning: _____

Have any modifications been made after tuning (hardware, sensors, software)?

- ☐ No
- ☐ Yes – please describe: _____

6. ISSUE DESCRIPTION

Describe the specific issue:

When did symptoms start? _____ (DD/MM/YYYY)

Mileage: _____ km

Under what conditions did the issue occur? (hot/cold, RPM, load):

Any unusual noises? Describe: _____

Coolant temperature at time of issue: _____ °C

Oil temperature / pressure at time of issue: _____ °C / _____ bar

Fuel brand and grade: _____

7. DIAGNOSTIC TESTING

Was a compression or leakdown test performed?

☐ Yes – fill in below

☐ No

Cylinder	Compression	Leakdown (%)	Loss Through? (Intake / Exhaust / Crankcase)
#1			
#2			
#3			
#4			

Drain oil and filter. Debris found? ☐ Yes, describe _____ ☐ No

Fuel smell present? ☐ Yes ☐ No

Coolant contamination? ☐ Yes ☐ No

Is an AOS (Air Oil Separator) installed?

☐ No

☐ Yes – Brand: _____

8. ENGINE HISTORY & COMPONENTS

Has this engine been replaced before? ☐ Yes ☐ No

- Reason for previous replacement:

Parts replaced during installation (check all that apply):

<i>Oil system</i>	<i>Timing and drive systems</i>	<i>Coolant systems</i>	<i>Fuel system</i>	<i>Ignition system</i>	<i>Sensors</i>
<input type="checkbox"/> Oil pump <input type="checkbox"/> Oil cooler <input type="checkbox"/> Oil Pan <input type="checkbox"/> Oil filter housing <input type="checkbox"/> VVT gear(s) <input type="checkbox"/> Solenoids <input type="checkbox"/> Oil pickup	<input type="checkbox"/> Timing chain/belt <input type="checkbox"/> Camshaft gear(s) <input type="checkbox"/> Crankshaft gear(s) <input type="checkbox"/> Tensioner(s)	<input type="checkbox"/> Water pump <input type="checkbox"/> Thermostat <input type="checkbox"/> Radiator <input type="checkbox"/> Radiator fan	<input type="checkbox"/> Fuel pump <input type="checkbox"/> Fuel filter <input type="checkbox"/> Injectors <input type="checkbox"/> Fuel regulator <input type="checkbox"/> Lines	<input type="checkbox"/> Coil(s) <input type="checkbox"/> Coil leads <input type="checkbox"/> Spark plugs	<input type="checkbox"/> Cam position <input type="checkbox"/> Crank position <input type="checkbox"/> TMAP/MAP <input type="checkbox"/> Coolant <input type="checkbox"/> Knock <input type="checkbox"/> Oil pressure <input type="checkbox"/> Oil temp <input type="checkbox"/> Lambda

Other parts:

9. ADDITIONAL COMMENTS

Customer Signature:

Printed Name: _____

Date: _____ (DD/MM/YYYY)