

CUSTOMER PROBLEM ANALYSIS CHECK

POWER SEAT CONTROL SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		Registration No.	
		Registration Year	
		Frame No.	
Date of Vehicle Brought in	/ /	Odometer Reading	km Mile

Date Problem First Occurred	/ /
How Often Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (Times a day)

Problem Symptom	<input type="checkbox"/> Manual Function does not operate.	<input type="checkbox"/> Slide <input type="checkbox"/> Front Vertical <input type="checkbox"/> Lifter <input type="checkbox"/> Reclining
	<input type="checkbox"/> Return Function does not operate.	<input type="checkbox"/> Slide <input type="checkbox"/> Front Vertical <input type="checkbox"/> Lifter <input type="checkbox"/> Does not operate in any conditions <input type="checkbox"/> Only with key inserted <input type="checkbox"/> Only with key not inserted <input type="checkbox"/> Only with memory & return switch 1 or 2
	<input type="checkbox"/> Memory function does not operate.	
	<input type="checkbox"/> Position return function does not stop when brake pedal is depressed.	