

Automatic Transmission System Check Sheet

Inspector's Name :

Customer's Name		Registration No.	
		Registration Year	/ /
		Frame No.	
Date Vehicle Brought In	/ /	Odometer Reading	km mile

Date Problem Occurred	/	/
How Often Does Problem Occur?	<input type="checkbox"/> Continuous	<input type="checkbox"/> Intermittent (times a day)

Symptoms	<input type="checkbox"/> Vehicle does not move (<input type="checkbox"/> Any range <input type="checkbox"/> particular range)
	<input type="checkbox"/> No up-shift (<input type="checkbox"/> 1st → 2nd <input type="checkbox"/> 2nd → 3rd <input type="checkbox"/> 3rd → 4th <input type="checkbox"/> 4th → 5th)
	<input type="checkbox"/> No down-shift (<input type="checkbox"/> 5th → 4th <input type="checkbox"/> 4th → 3rd <input type="checkbox"/> 3rd → 2nd <input type="checkbox"/> 2nd → 1st)
	<input type="checkbox"/> Lock-up malfunction
	<input type="checkbox"/> Shift point too high or too low
	<input type="checkbox"/> Harsh engagement (<input type="checkbox"/> N → D <input type="checkbox"/> Lock-up <input type="checkbox"/> Any drive range)
	<input type="checkbox"/> Slip or shudder
	<input type="checkbox"/> No kick-down
	<input type="checkbox"/> Others ()

Check Item	Malfunction Indicator Lamp	<input type="checkbox"/> Normal	<input type="checkbox"/> Remains ON
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DTC Check	1st Time	<input type="checkbox"/> Normal code	<input type="checkbox"/> Malfunction code (DTC)
	2nd Time	<input type="checkbox"/> Normal code	<input type="checkbox"/> Malfunction code (DTC)