

Diagnosis Sheet

Kindly record details of failure for our use in identifying the cause (analysis & diagnosis) of the failure.

Instructions: Please check ☐ and fill in the space as far as possible.

Instructions: Please check <input type="checkbox"/> and fill in the space as far as possible.						Registration No.	
Vehicle type		Model		Service period		Region, country	
Date occurred		Mileage		Registered date		Date of issue	
Engine No.		Chassis No.		Assembled date		Date of sales	
Dealer name		Distributor name		User name			

Condition of hazard lamp	<input type="checkbox"/> Normally ON <input type="checkbox"/> Sometimes ON <input type="checkbox"/> Normally OFF <input type="checkbox"/> Good condition
Fault indicator/Code	Diagnosis code : <input type="checkbox"/> No indication <input type="checkbox"/> Contents of indication ()

<Phenomenon of failure>

Symptoms of failure	
<input type="checkbox"/> Start-up failure <input type="checkbox"/> No cranking <input type="checkbox"/> No initial combustion <input type="checkbox"/> No combustion <input type="checkbox"/> Faulty start-up (<input type="checkbox"/> Cold engine <input type="checkbox"/> Warm-up <input type="checkbox"/> Full time) <input type="checkbox"/> Others _____	<input type="checkbox"/> Faulty drivability <input type="checkbox"/> Acceleration breathing <input type="checkbox"/> Back fire / <input type="checkbox"/> After fire <input type="checkbox"/> Power shortage <input type="checkbox"/> Surging <input type="checkbox"/> Knocking <input type="checkbox"/> Engine rpm surging <input type="checkbox"/> Others _____
<input type="checkbox"/> Idling failure <input type="checkbox"/> Fast idle failure (idle up) <input type="checkbox"/> Idle rpm failure (<input type="checkbox"/> High <input type="checkbox"/> Low) (rpm) <input type="checkbox"/> Unstable <input type="checkbox"/> Hunting (From: rpm to: rpm) <input type="checkbox"/> Others _____	<input type="checkbox"/> Engine stall <input type="checkbox"/> Immediately after start-up <input type="checkbox"/> When opening throttle <input type="checkbox"/> When closing throttle <input type="checkbox"/> When loaded <input type="checkbox"/> Others _____

Vehicle / environment conditions when failure occurs

Vehicle conditions	
Engine conditions	<input type="checkbox"/> When cold <input type="checkbox"/> During warr <input type="checkbox"/> Warm-up <input type="checkbox"/> Full time <input type="checkbox"/> Others when warm-up <input type="checkbox"/> Soon after st: <input type="checkbox"/> Non-loaded racing <input type="checkbox"/> Engine revolutions (rpm) Battery voltage: (V) at ID
Vehicle conditions	During driving : <input type="checkbox"/> Constant speed <input type="checkbox"/> Acceleration <input type="checkbox"/> Deceleration <input type="checkbox"/> Right corner <input type="checkbox"/> Left corner <input type="checkbox"/> Under suspensic <input type="checkbox"/> Vehicle speed when failure occurred(km/h) <input type="checkbox"/> Others _____
Vehicle history	Repair : <input type="checkbox"/> Yes <input type="checkbox"/> No Parts replaced: ()
Service history	Race entry : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Flood dan <input type="checkbox"/> Flooded road drivir <input type="checkbox"/> Salt damage Remodeling : <input type="checkbox"/> Yes () <input type="checkbox"/> No <input type="checkbox"/> Use of chemicals (Oil additives/Carb cleaner/)

Environmental conditions

Weather	<input type="checkbox"/> Fair <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Always <input type="checkbox"/> Others
Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold(°C) <input type="checkbox"/> Always
Frequency	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes(times/ day, month) <input type="checkbox"/> Once for all <input type="checkbox"/> Special conditions
Road	<input type="checkbox"/> Urban <input type="checkbox"/> Suburb <input type="checkbox"/> Highway <input type="checkbox"/> Mountain(<input type="checkbox"/> Up <input type="checkbox"/> Down) <input type="checkbox"/> Asphalt <input type="checkbox"/> Unpaved road <input type="checkbox"/> Others

<Investigation result・Comments>

<Actions taken>

Handling flow: Dealer → Subsidiary → MV AGUSTA → MIKUNI [MEG・Tokyo Office]