

CUSTOMER PROBLEM ANALYSIS CHECK

REAR RIGHT DOOR CONTROL 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 First Occurred		/ /	
Frequency Problem Occurs		Constant Once only Sometimes (times per day, month)	
Weather Conditions When Problem Occurred	Weather	Fine Cloudy Rainy Snowy Various/ Others	
	Outdoor Temperature	Hot Warm Cool Cold (Approx. °F (°C))	

Malfunction System	Power Window Control System
	Power Door Lock Control System
	Theft Deterrent System
	Jam Protection System
	Double Locking System
	Others