

CUSTOMER PROBLEM ANALYSIS CHECK

MULTIPLEX COMMUNICATION 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	Engine
	Body No.1 Control System
	Body No.2 Control System
	Driver Door System
	Passenger Door System
	Rear Right Door System
	Rear Left Door System
	Air Conditioning System
	T & T System
	Combination Meter System
	Sliding Roof System
	Power Seat System
LEXUS Navigation System	