

CUSTOMER PROBLEM ANALYSIS CHECK

BODY NO.1 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	Seat Belt Warning
	Power Window Control System
	Power Door Lock Control System
	Double Locking System (Europe)
	Theft Deterrent System
	Wireless Door Lock Control System
	Luggage compartment door opener system
	Others