

Supplemental Restraint System Check Sheet

Inspector's Name

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

Date Problem Occurred					
Weather	<input type="checkbox"/> Fine	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rainy	<input type="checkbox"/> Snowy	<input type="checkbox"/> Other
Temperature	Approx.				

Vehicle Operation	<input type="checkbox"/> Starting <input type="checkbox"/> Idling <input type="checkbox"/> Driving [<input type="checkbox"/> Constant speed <input type="checkbox"/> Acceleration <input type="checkbox"/> Deceleration <input type="checkbox"/> Other]
Road Conditions	
Details Of Problem	

<p>Vehicle Inspection, Repair History Prior to Occurrence of Malfunction (Including Supplemental Restraint System)</p>	
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SRS Warning Light Inspection

1st Time	<input type="checkbox"/> Remains ON	<input type="checkbox"/> Sometimes Lights Up	<input type="checkbox"/> Does Not Light Up
2nd Time	<input type="checkbox"/> Remains ON	<input type="checkbox"/> Sometimes Lights Up	<input type="checkbox"/> Does Not Light Up
1st Time	<input type="checkbox"/> Normal Code	<input type="checkbox"/> Malfunction Code	[Code.]
2nd Time	<input type="checkbox"/> Normal Code	<input type="checkbox"/> Malfunction Code	[Code.]