

## CUSTOMER PROBLEM ANALYSIS CHECK

## TRC &amp; VSC Check Sheet

Inspector's  
Name \_\_\_\_\_

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (    times a day)

Symptoms	<input type="checkbox"/> TRC does not operate. (Wheels spin when starting rapidly.)	
	<input type="checkbox"/> VSC does not operate. (Wheels sideslip at the time of sharp turning.)	
	VSC OFF Indicator Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	VSC Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	SLIP Indicator Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up

Check Item	ABS Warning Light	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code    )
	Malfunction Indicator Lamp	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code    )
	BRAKE Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	BRAKE Warning Buzzer Abnormal	<input type="checkbox"/> Sounds <input type="checkbox"/> Does not Sounds

DTC Check	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    )