

COMBINATION METER SYSTEM Check Sheet

Inspector's name:

Customer's Name		VIN	
		Production Date	
		Licence Plate No.	
Date of Vehicle Brought In	/ /	Odometer Reading	km mile

Date Problem First Occurred		/ /	
Frequency Problem Occurs		<input type="checkbox"/> Constantly <input type="checkbox"/> Sometimes (Times per day, month) <input type="checkbox"/> Once only	
Weather Conditions When Problem Occurred	Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Others	
	Outside temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °F (°C))	

[illegible]