

CUSTOMER PROBLEM ANALYSIS CHECK

DOOR CLOSER SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		VIN	
		Production Date	/ /
		License Plate No.	
Date Vehicle Brought In	/ /	Odometer Reading	km miles

Date Problem First Occurred		/ /
Frequency Problem Occurs		<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent (times a day) <input type="checkbox"/> Only once
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
	Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °C (°F))

Problem Symptoms	<input type="checkbox"/> Door closer system does not operate	<input type="checkbox"/> Driver side door <input type="checkbox"/> Passenger side door <input type="checkbox"/> Rear left door <input type="checkbox"/> Rear right door
	<input type="checkbox"/> Other	