

CUSTOMER PROBLEM ANALYSIS CHECK

CLEARANCE SONAR SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		VIN	
		Production Date	
		Licence Plate No.	
Brought-in Date	/ /	Odometer Reading	km mile

Date of First Occurrence	/ /
Frequency of Problem Occurrence	<input type="checkbox"/> Always <input type="checkbox"/> Intermittent (Times a day)
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. °F (°C))
Strength of Wind	<input type="checkbox"/> Windless or Breeze <input type="checkbox"/> Moderate Wind <input type="checkbox"/> Strong Wind
Driving Condition	<input type="checkbox"/> Moving Slowly <input type="checkbox"/> Moving Back <input type="checkbox"/> Stopping (<input type="checkbox"/> Engine is ON <input type="checkbox"/> Engine is OFF)
Road Surface	<input type="checkbox"/> Asphalt Surface <input type="checkbox"/> Off-road Surface <input type="checkbox"/> Snowy Road <input type="checkbox"/> Paved or Bumpy Road <input type="checkbox"/> Step or Logway <input type="checkbox"/> Others ()
Loading Condition	<input type="checkbox"/> 1 or 2 People <input type="checkbox"/> 3 to 5 People <input type="checkbox"/> More than 5 People <input type="checkbox"/> With Heavy Load
Cabin	<input type="checkbox"/> Radio is ON <input type="checkbox"/> Audio is ON <input type="checkbox"/> Navigation is ON <input type="checkbox"/> Other Electric Equipment

Problem Symptoms	Trouble Area	<input type="checkbox"/> Front Sonar (<input type="checkbox"/> Front Right Center <input type="checkbox"/> Front Left Center) <input type="checkbox"/> Clearance Sonar <input type="checkbox"/> Front Right <input type="checkbox"/> Front Right Side <input type="checkbox"/> Front Left <input type="checkbox"/> Front Left Side <input type="checkbox"/> Rear Right <input type="checkbox"/> Rear Left <input type="checkbox"/> Back Sonar (<input type="checkbox"/> Rear Right Center <input type="checkbox"/> Rear Left Center)
	Details of Problem	<input type="checkbox"/> No Sound <input type="checkbox"/> Occasional (PIP-PIP) <input type="checkbox"/> Occasional (PEEP) <input type="checkbox"/> Repeated PIP-PIP Sound <input type="checkbox"/> Continuous PEEP Sound <input type="checkbox"/> Others ()
	Details of Problem Pointed Out	ex.) There are no sounds even if the vehicle approaches a pole.