

CUSTOMER PROBLEM ANALYSIS CHECK

POWER TILT AND POWER TELESCOPIC
STEERING COLUMN CHECK SHEETInspector's :
Name _____

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

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

Symptoms	Manual Function does not Operate	<input type="checkbox"/> Both Tilt and Telescopic <input type="checkbox"/> Tilt only <input type="checkbox"/> Telescopic only
	Auto Away/Return Function does not Operate	<input type="checkbox"/> Both Auto Away and Auto Return <input type="checkbox"/> Auto Away only <input type="checkbox"/> Auto Return only
	<input type="checkbox"/> Memory Function does not Operate	

DTC Check	1st Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code (Code)
	2nd Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code (Code)