

CUSTOMER PROBLEM ANALYSIS CHECK

FRONT POWER SEAT CONTROL 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"/> Sometimes (times per day, month) <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 (°C (°F))

Problem Symptoms	<input type="checkbox"/> All functions do not operate
	<input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side
	<input type="checkbox"/> Slide operation does not operate
	<input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side
	<input type="checkbox"/> Reclining operation does not operate
	<input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side
	<input type="checkbox"/> Front vertical operation does not operate
	<input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side
	<input type="checkbox"/> Lifter operation does not operate
	<input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side
	<input type="checkbox"/> Headrest operation does not operate
	<input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side
<input type="checkbox"/> Seat cushion operation does not operate	
<input type="checkbox"/> Seat position memory function does not operate	
<input type="checkbox"/> Lumbar support operation does not operate	
<input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side	
<input type="checkbox"/> Other	