

CUSTOMER PROBLEM ANALYSIS CHECK

FRONT WIPER AND WASHER Check Sheet

Inspector's name: _____

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

Date Problem First Occurred		/ /
Frequency Problem Occurs		<input type="checkbox"/> Always <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
	Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °F (°C))

Malfunction System	<input type="checkbox"/> Front Wiper and Washer System
	<input type="checkbox"/> Auto Wiper System
	<input type="checkbox"/> Headlamp Cleaner System
	<input type="checkbox"/> Others