

CUSTOMER PROBLEM ANALYSIS CHECK

CLIMATE CONTROL SEAT 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"/> Sometime (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))

Symptoms	<input type="checkbox"/> Climate control does not operate.
	<input type="checkbox"/> No cool air comes out, or no warm air comes out.