

CUSTOMER PROBLEM ANALYSIS CHECK

AUDIO SYSTEM 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"/> Intermittently (Times a day)

DTC Check

1st time trouble code.

Physical address	Result	Logical address	DTC

2nd time trouble code.

Physical address	Result	Logical address	DTC

Problem Symptom