

CUSTOMER PROBLEM ANALYSIS CHECK

DEFOGGER 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"/> Intermittent (    times a day) <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 (Approx.   °C (   °F))

Problem Symptoms	<input type="checkbox"/> Rear window defogger system does not operate
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