

## CUSTOMER PROBLEM ANALYSIS CHECK

PPS Check Sheet

Inspector's  
Name

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent ( times a day)

Symptoms	<input type="checkbox"/> Feels hard turning the steering wheel either right or left with the vehicle stopped.
	<input type="checkbox"/> Feels that the steering is unstable while driving at a high speed.

Check Item	Fluid Condition (See page 51-4.)	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction
	Drive Belt Condition (See page 51-4.)	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction
	Fluid Pressure (See page 51-4.)	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction