









<input checked="" type="checkbox"/> PM	2000 K	<input checked="" type="checkbox"/> GR	<input type="checkbox"/> WR	<input checked="" type="checkbox"/> Internal	<input checked="" type="checkbox"/> Appointment	<input checked="" type="checkbox"/> Walk-in
<input checked="" type="checkbox"/> Pick-up						
<b>Reception (for Repair)</b>		Date : 00/00/0000		Time: _____ : _____		
		Changes :				
<b>Delivery (for Repair)</b>		Date : 00/00/0000		Time: _____ : _____		
		Changes :				
<b>Reception (for Diagnosis)</b>		_____				
		_____				
<b>Delivery (for Diagnosis)</b>		_____				
		_____				

<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRIORITY	WAITING

<b>Repair Order No.:</b>	24	<b>Date :</b>	17/05/2023
<b>Name</b>	Neosao	<b>Vehicle Reg. No.</b>	
<b>Address</b>	Kolhapur	<b>Model (Year)</b>	2015
		<b>Model Code</b>	
<b>Contact Info</b>	<input checked="" type="checkbox"/> Mobile <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Office <input checked="" type="checkbox"/> Email <input type="checkbox"/> Others	<b>VIN No.</b>	
		<b>Color Code</b>	
<input type="checkbox"/> <b>Accessories Installation</b> _____ _____ _____			

Symptoms And Conditions	
<b>Category</b>	<input type="checkbox"/> Engine <input type="checkbox"/> Chassis <input type="checkbox"/> Electricity <input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Others ( _____ )
<b>Ignition</b>	<input type="checkbox"/> Cranking ( <input type="checkbox"/> Yes <input type="checkbox"/> No ) <input type="checkbox"/> Engine Starting ( <input type="checkbox"/> Yes <input type="checkbox"/> No )
<b>From When</b>	<input type="checkbox"/> Recently <input type="checkbox"/> 1 Week Ago <input type="checkbox"/> Others ( _____ )
<b>Frequency</b>	<input type="checkbox"/> Always <input type="checkbox"/> Occasionally <input type="checkbox"/> One Time Only <input type="checkbox"/> Others ( _____ )
<b>Place</b>	<input type="checkbox"/> Ordinary Road <input type="checkbox"/> Slope <input type="checkbox"/> Highway <input type="checkbox"/> Flat <input type="checkbox"/> Rough/Dirt <input type="checkbox"/> Bumpy
<b>Indicator Lamp</b>	<input type="checkbox"/>  Malfunction Indicator Lamp ( <input type="checkbox"/> Lighting <input type="checkbox"/> Flashing <input type="checkbox"/> Multiple Flashing: _____ ) <input type="checkbox"/>  Low Engine Oil Pressure Warning Light <input type="checkbox"/>  High Engine Coolant Temperature Warning Light (Red) <input type="checkbox"/>  Low Engine Coolant Temperature Warning Light (Blue) <input type="checkbox"/>  Electric Power Steering System Warning Light

	<input type="checkbox"/> Others (_____)					
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Windy  <input type="checkbox"/> Others (_____)	<input type="checkbox"/> Outside Temp (_____ °C)			<input type="checkbox"/> Anti-Lock Break System Warning Light	
Driving Conditions	<input type="checkbox"/> Forwarding <input type="checkbox"/> Parking <input type="checkbox"/> Backing-Up  <input type="checkbox"/> Accelerating <input type="checkbox"/> Constant <input type="checkbox"/> Decelerating <input type="checkbox"/> Breaking  <input type="checkbox"/> Vehicle Speed (_____ km/h)  <input type="checkbox"/> Tachometer (_____ rpm)  <input type="checkbox"/> Shift Position (_____)	<input type="checkbox"/> Up <input type="checkbox"/> Down			<input type="checkbox"/> Vehicle Stability Control System Warning Light	
	<input type="checkbox"/> Turning ( <input type="checkbox"/> Right <input type="checkbox"/> Left ) <input type="checkbox"/> Traffic Jammed  <input type="checkbox"/> Number of Passengers (_____)				<input type="checkbox"/> SRS Warning Light	
	<input type="checkbox"/> Vehicle Load (_____ kg)  <input type="checkbox"/> Towing Load (_____ kg)					
Memo <input type="checkbox"/> : Test Drive _____ _____		Location Code		Date & Time	Staff Name	
			Key	Stall	Date	
		Waiting for Service			Time	

Diagnosis				Reproduction	
Inspection Details				<input type="checkbox"/> Yes	No <input checked="" type="checkbox"/>
_____				<input type="checkbox"/> Confirm symptom with customer	
_____				Memo	
_____			Start	Date    Time	
_____			End	Date    Time	
Main Cause	DTC	Status	Freeze Frame Data		
<input type="checkbox"/> Technical Information ( Ref. No. : _____ )	1	_____	C / P / H	<input type="checkbox"/> Available / <input type="checkbox"/> N / A	
_____	2	_____	C / P / H	<input type="checkbox"/> Available / <input type="checkbox"/> N / A	
_____	3	_____	C / P / H	<input type="checkbox"/> Available / <input type="checkbox"/> N / A	
_____	4	_____	C / P / H	<input type="checkbox"/> Available / <input type="checkbox"/> N / A	
Job Instruction				Staff Name	
				Warranty ( <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No )	
				DTR ( <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No )	
DIST Support					
Request	Memo	Telephone Support	Date                      Time		
			Staff Name		
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Prediction	Visit Support	Date                      Time		
<input type="checkbox"/> Repair			Staff Name		