

CUSTOMER PROBLEM ANALYSIS CHECK

Supplemental Restraint System Check Sheet

 Inspector's
Name

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

Date Problem Occurred	
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Other
Temperature	Approx.

Vehicle Operation	<input type="checkbox"/> Starting <input type="checkbox"/> Idling <input type="checkbox"/> Driving [<input type="checkbox"/> Constant speed <input type="checkbox"/> Acceleration <input type="checkbox"/> Deceleration <input type="checkbox"/> Other]
Road Condition	
Details of Problem	

Vehicle Inspection, and Repair History Prior to Occurrence of Malfunction (Including Supplemental Restraint System)	
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Diagnostic System Inspection

SRS Warning Light Inspection	1st Time	<input type="checkbox"/> Remains ON <input type="checkbox"/> Sometimes comes on <input type="checkbox"/> Does not come on
	2nd Time	<input type="checkbox"/> Remains ON <input type="checkbox"/> Sometimes comes on <input type="checkbox"/> Does not come on
Passenger Airbag ON/OFF Indicator Inspection	1st Time	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not come on
	2nd Time	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not come on
DTC Inspection	1st Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code [Code.]
	2nd Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code [Code.]