

CUSTOMER PROBLEM ANALYSIS CHECK

POWER WINDOW CONTROL SYSTEM Check Sheet

Inspector's name; _____

Customer's Name		Registration No.	
		Registration Year	
		Frame No.	
Date Vehicle Brought in	/ /	Odometer Reading	km miles

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (times per day,month) <input type="checkbox"/> Once only
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 (Apporox. °C (°F))

Malfunction Symptoms	<input type="checkbox"/> Diagnosis code is output <input type="checkbox"/>
	<input type="checkbox"/> AUTO UP/AUTO DOWN is impossible
	<input type="checkbox"/> Operation interlocked with Key is impossible
	<input type="checkbox"/> Operation after Key-OFF is impossible
	<input type="checkbox"/> Remote operation by the master switch is impossible in a seat
	<input type="checkbox"/> Passenger Door <input type="checkbox"/> Rear RH Seat <input type="checkbox"/> Rear LH Seat
	<input type="checkbox"/> Operation by a switch of each seat is impossible in a seat
	<input type="checkbox"/> Passenger Door <input type="checkbox"/> Rear RH Seat <input type="checkbox"/> Rear LH Seat
Condition when recovered normal	<input type="checkbox"/> IG ON <input type="checkbox"/> Engine Started <input type="checkbox"/> () Switch operated
Condition when problem occurred	Yes-No <input type="checkbox"/> IG OFF-ON <input type="checkbox"/> () Switch operated <input type="checkbox"/> Others ()