

CUSTOMER PROBLEM ANALYSIS CHECK

AUDIO SYSTEM Check Sheet

Inspector's name: _____

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

Date of First Occurrence	/ /
Frequency of Problem Occurrence	<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent (Times a day)

Problem Symptom	<input type="checkbox"/> Switch
	<input type="checkbox"/> Radio
	<input type="checkbox"/> CD
	<input type="checkbox"/> Noise

DTC Check	Parts name	DTC (1st time).	DTC (2nd time).
	Radio receiver assy		