

CUSTOMER PROBLEM ANALYSIS CHECK

NAVIGATION SYSTEM Check Sheet

Inspector's name: _____

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

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

Problem Symptom	Navigation malfunction	<input type="checkbox"/> Cursor movement is defective.
		<input type="checkbox"/> Cursor does not move.
		<input type="checkbox"/> GPS mark does not appear.
		<input type="checkbox"/> Map is not displayed.
		<input type="checkbox"/> Others ()
	Display malfunction	<input type="checkbox"/> Screen is dark.
		<input type="checkbox"/> Screen is white.
		<input type="checkbox"/> Color is not uniform.
		<input type="checkbox"/> Screen is in disorder.
		<input type="checkbox"/> Others ()
	Control Switch malfunction	<input type="checkbox"/> Can not operate with panel switches.
		<input type="checkbox"/> Can not operate with touch switches.
<input type="checkbox"/> Others ()		

DTC Check	Parts name	1st time malfunction code.	2nd time malfunction code.
	Navigation ECU		
	Radio Receiver Assy		