

# CUSTOMER PROBLEM ANALYSIS CHECK

## CAN Communication 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 First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuously <input type="checkbox"/> Intermittently ( times a day)

DTC Check	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 )