

# CUSTOMER PROBLEM ANALYSIS CHECK

**REAR POWER SEAT CONTROL 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"/> Sometimes (    Times per day, month) <input type="checkbox"/> Once only
Weather Conditions When Problem Occurred	<b>Weather</b> <input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Others
	<b>Outdoor temperature</b> <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx.    °F ( °C))

<b>Problem Symptom</b>	<input type="checkbox"/> All functions do not operate.
	<input type="checkbox"/> "Rear Seat Slide operation" does not operate.
	<input type="checkbox"/> "Rear Seat Reclining operation" does not operate.
	<input type="checkbox"/> "Vertical operation" does not operate.
	<input type="checkbox"/> "Rear Seat Headrest top and bottom operation" does not operate.
	<input type="checkbox"/> "Rear Seat Neckrest operation" does not operate.
	<input type="checkbox"/> Memory return function does not operate.
	<input type="checkbox"/> Door open return function does not operate.
	<input type="checkbox"/> Others.