

CUSTOMER PROBLEM ANALYSIS CHECK

ABS & BA & TRC & VSC Check Sheet

Inspector's Name : _____

Customer's Name	_____	Registration No.	_____
		Registration Date	____ / ____ / ____
		Frame No.	_____
Date Vehicle Brought In	____ / ____ / ____	Odometer Reading	_____ km miles

Date Problem First Occurred	____ / ____ / ____
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (____ times a day)

Symptoms	<input type="checkbox"/> ABS does not operate.	
	<input type="checkbox"/> ABS does not operate efficiently.	
	<input type="checkbox"/> TRC does not operate. (Wheels spin when starting rapidly.)	
	<input type="checkbox"/> VSC does not operate. (Wheels sideslip at the time of sharp turning.)	
	<input type="checkbox"/> BA does not operate.	
	ABS Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	VSC Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	SLIP Indicator Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	TRC OFF indicator Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up

Check Item	Malfunction Indicator Light	<input type="checkbox"/> Normal <input type="checkbox"/> Does not Light Up
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DTC Check	1st Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code ____)
	2nd Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code ____)