DI2L5-03

CUSTOMER PROBLEM ANALYSIS CHECK

	ion Control neck Sheet		Inspe Nam	ector's e :		
Customer's Name				Registration No. Registration Year	1	1
				Frame No.	1	1
Date Vehicle Brought In	/	/		Odometer Reading		km mile
Date Problem Occurred			/	/ /		

Occurred	/	/	
How Often Does Problem Occur?	Continuously	\Box Intermittently (times a day)

	Vehicle does not move (Any range Particular range)					
Symptoms	$\Box \text{ No up-shift} (\Box 1 \text{st} \rightarrow 2 \text{nd} \Box 2 \text{nd} \rightarrow 3 \text{rd} \Box 3 \text{rd} \rightarrow 4 \text{th})$					
	□ No down-shift (□ 4th → 3rd □ 3rd → 2nd □ 2nd → 1st)					
	Lock-up malfunction					
	□ Shift point too high or too low					
	\Box Harsh engagement (\Box N \rightarrow D \Box Lock-up \Box Any drive range)					
	□ Slip or shudder					
	No kick-down					
	Others	`				

Check Item	Malfunction Indicator Light	🗆 Normal	□ Remains ON	
DTC Check	1st Time	Normal code	□ Malfunction code (Code)
	2nd Time	Normal code	□ Malfunction code (Code)