

CUSTOMER PROBLEM ANALYSIS CHECK**POWER TILT AND POWER TELESCOPIC STEERING SYSTEM CHECK SHEET**

Inspector's Name : _____

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

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

Symptoms	Manual Function does not operate	<input type="checkbox"/> Both Tilt and Telescopic <input type="checkbox"/> Tilt only <input type="checkbox"/> Telescopic only
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