

CUSTOMER PROBLEM ANALYSIS CHECK

BODY CONTROL SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		Registration No.	
		Registration Year	
		Frame No.	
Date 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	Weather <input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/ Others
	Outdoor Temperature <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °F (°C))

Malfunction System	<input type="checkbox"/> Key Reminder System
	<input type="checkbox"/> Headlight and Taillight System (Light Auto Turn Off System)
	<input type="checkbox"/> Front Fog Light System
	<input type="checkbox"/> Rear Fog Light System
	<input type="checkbox"/> Cornering Light System
	<input type="checkbox"/> Combination Meter
	<input type="checkbox"/> Luggage Compartment Door Opener System
	<input type="checkbox"/> Fuel Lid Opener System
	<input type="checkbox"/> Rear Combination Light
	<input type="checkbox"/> Automatic Light Control System
	<input type="checkbox"/> Illuminated Entry System
	<input type="checkbox"/> Wiper and Washer System
	<input type="checkbox"/> Seat Belt Warning
	<input type="checkbox"/> Power Window Control System
	<input type="checkbox"/> Power Door Lock Control System
<input type="checkbox"/> Wireless Door Lock Control System	
<input type="checkbox"/> Others (Buzzer etc.)	