

# CUSTOMER PROBLEM ANALYSIS CHECK

## ENGINE CONTROL SYSTEM Check Sheet

Inspector's Name \_\_\_\_\_

Customer's Name		Model and Model Year	
Driver's Name		Frame No.	
Date Vehicle Brought in		Engine Model	
License No.		Odometer Reading	km miles

Problem Symptoms	<input type="checkbox"/> Engine does not Start	<input type="checkbox"/> Engine does not crank	<input type="checkbox"/> No initial combustion	<input type="checkbox"/> No complete combustion
	<input type="checkbox"/> Difficult to Start	<input type="checkbox"/> Engine cranks slowly <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Poor Idling	<input type="checkbox"/> Incorrect first idle <input type="checkbox"/> Idling rpm is abnormal <input type="checkbox"/> High (          rpm) <input type="checkbox"/> Low (          rpm) <input type="checkbox"/> Rough idling <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Poor Driveability	<input type="checkbox"/> Hesitation <input type="checkbox"/> Back fire <input type="checkbox"/> Muffler explosion (after-fire) <input type="checkbox"/> Surging <input type="checkbox"/> Knocking <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Engine Stall	<input type="checkbox"/> Soon after starting <input type="checkbox"/> After accelerator pedal depressed <input type="checkbox"/> After accelerator pedal released <input type="checkbox"/> During A/C operation <input type="checkbox"/> Shifting from N to D <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Others	_____		

Dates Problem Occurred		_____		
Problem Frequency		<input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (          times per          day/month) <input type="checkbox"/> Once only <input type="checkbox"/> Other _____		
Condition When Problem Occurs	Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Other _____		
	Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (approx. ____ °F/____ °C)		
	Place	<input type="checkbox"/> Highway <input type="checkbox"/> Suburbs <input type="checkbox"/> Inner city <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Rough road <input type="checkbox"/> Other _____		
	Engine Temp.	<input type="checkbox"/> Cold <input type="checkbox"/> Warming up <input type="checkbox"/> After warming up <input type="checkbox"/> Any temp. <input type="checkbox"/> Other _____		
	Engine Operation	<input type="checkbox"/> Starting <input type="checkbox"/> Just after starting (          min.) <input type="checkbox"/> Idling <input type="checkbox"/> Racing <input type="checkbox"/> Driving <input type="checkbox"/> Constant speed <input type="checkbox"/> Acceleration <input type="checkbox"/> Deceleration <input type="checkbox"/> A/C switch ON/OFF <input type="checkbox"/> Other _____		

DTC Inspection	Normal Mode (Precheck)	<input type="checkbox"/> Normal	<input type="checkbox"/> Malfunction code(s) (code          ) <input type="checkbox"/> Freeze frame data (          )
	Check (test) Mode	<input type="checkbox"/> Normal	<input type="checkbox"/> Malfunction code(s) (code          ) <input type="checkbox"/> Freeze frame data (          )