

CUSTOMER PROBLEM ANALYSIS CHECK

CRUISE CONTROL SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		Registration No.	
		Registration Year	
		Frame No.	
Date of Vehicle Brought in	/ /	Odometer Reading	km Mile

Condition of Problem Occurrence	Date of Problem Occurrence	/ /
	Frequency Problem Occurs?	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (Times a day)
	Vehicle Speed when Problem Occurred	km Mile

Symptoms	<input checked="" type="checkbox"/> Auto cancel occurs	<ul style="list-style-type: none"> • Driving condition <input type="checkbox"/> City driving <input type="checkbox"/> Freeway <input type="checkbox"/> Up hill <input type="checkbox"/> Down hill • After cancel occurred, did the driver activate cruise control again? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cancel does not occur	<input type="checkbox"/> With brake ON <input type="checkbox"/> Except D position shift <input type="checkbox"/> When control SW turns to CANCEL position
	<input type="checkbox"/> Cruise control malfunction	<input type="checkbox"/> Slip to acceleration side <input type="checkbox"/> Slip to deceleration side <input type="checkbox"/> Hunting occurs <input type="checkbox"/> O/D cut off does not occur <input type="checkbox"/> O/D does not return
	<input type="checkbox"/> Switch malfunction	<input type="checkbox"/> SET <input type="checkbox"/> ACCEL <input type="checkbox"/> COAST <input type="checkbox"/> RESUME <input type="checkbox"/> CANCEL
	<input type="checkbox"/>	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not light up <input type="checkbox"/> Blinks

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)