

CUSTOMER PROBLEM ANALYSIS CHECK SHEET

AIR CONDITIONING SYSTEM Check Sheet

Inspector's

Name: _____

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

Condition of Problem Occurrence	Date of Problem Occurrence	//
	How Often Does Problem occur?	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (Times a day)
	Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Other
Condition of Problem Occurrence	Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °F/°C)

Symptoms	Auto cancel occurs	<input type="checkbox"/> Blower motor does not operate <input type="checkbox"/> Blower motor speed does not change (Always Hi, Always Med, Always Lo)
	Temperature Control is Faulty	<input type="checkbox"/> Cabin temperature does not go down <input type="checkbox"/> Cabin temperature does not rise <input type="checkbox"/> Response is slow
	Air Inlet Control is Faulty	<input type="checkbox"/> Cannot change between FRS and REC (Always fresh or always Recirculating)
	Air Outlet Control is Faulty	<input type="checkbox"/> Air outlet mode will not change <input type="checkbox"/> Will not enter the desired air outlet mode

Diagnostic Code 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)

–MEMO–