

CUSTOMER PROBLEM ANALYSIS

ECT 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)

Symptoms	<input type="checkbox"/> Vehicle does not move.	(<input type="checkbox"/> Any range <input type="checkbox"/> Particular range)
	<input type="checkbox"/> No up-shift (<input type="checkbox"/> 1st – 2nd <input type="checkbox"/> 2nd – 3rd <input type="checkbox"/> 3rd – O/D)	
	<input type="checkbox"/> No down-shift (<input type="checkbox"/> O/D – 3rd <input type="checkbox"/> 3rd – 2nd <input type="checkbox"/> 2nd – 1st)	
	<input type="checkbox"/> Lockup malfunction	
	<input type="checkbox"/> Shift point too high or too low.	
	<input type="checkbox"/> Harsh engagement (<input type="checkbox"/> N – D <input type="checkbox"/> Lockup <input type="checkbox"/> Any drive range)	
	<input type="checkbox"/> Slip or shudder	
	<input type="checkbox"/> No Kickdown	
	<input type="checkbox"/> No pattern select	
	<input type="checkbox"/> Others	

Check Item	CHECK engine warning light	<input type="checkbox"/> Normal <input type="checkbox"/> Remains ON
------------	----------------------------	---

Diagnostic Code Check (O/D OFF Indicator Light)	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)