

CUSTOMER PROBLEM ANALYSIS CHECK SHEET

POWER WALK-IN 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"/> Manual Function does not Operate	<input type="checkbox"/> Slide <input type="checkbox"/> Reclining
	<input type="checkbox"/> Auto Function does not operate	<input type="checkbox"/> Walk-in Function (Seat does not slide). <input type="checkbox"/> Return Function (Seat does not slide).
	<input type="checkbox"/> Others (Please write down in detail)	