

# CUSTOMER PROBLEM ANALYSIS CHECK SHEET

## ABS 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"/> Continous <input type="checkbox"/> Intermittent      (    times a day)

Symptoms	<input type="checkbox"/> ABS does not operate	
	<input type="checkbox"/> ABS does not operate efficiently.	
	ABS Warning Light Abnormal	<input type="checkbox"/> Remain ON <input type="checkbox"/> Does not Light Up

Check Item	TRAC Indicator Light	<input type="checkbox"/> Normal <input type="checkbox"/> Does not Light Up
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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    )