

CUSTOMER PROBLEM ANALYSIS CHECK SHEET

TRAC 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"/> TRAC does not operate (Wheels spin when starting rapidly).		
	TRAC Indicator Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Blinks <input type="checkbox"/> Does not Light Up	
	TRAC OFF Indicator Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up	
	<input type="checkbox"/> TRAC pump motor is too loud during idling.		

Check Item	ABS Warning Light	<input type="checkbox"/> Normal <input type="checkbox"/> Remains ON
	CHECK Engine Warning Light	<input type="checkbox"/> Normal <input type="checkbox"/> Remains ON

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)