

POWER WALK-IN Check Sheet

Inspector's name:

Customer's Name		Registration No.	
		Registration Year	
		Frame No.	
Date of Vehicle Brought in	/ /	Odometer Reading	km Mile

Date Problem First Occurred	/	/
How Often Problem Occurs?	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (Times a day)	

Problem Symptom	<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).	