

CUSTOMER PROBLEM ANALYSIS CHECK

TILT & TELESCOPIC 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 Problem First Occurred	/ /
	How Often does Problem Occurs?	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (times a day)

Symptoms	Manual Function does not operate	<input type="checkbox"/> Both Tilt and Telescopic <input type="checkbox"/> Tilt only <input type="checkbox"/> Telescopic only
	Auto Function does not operation	<input type="checkbox"/> No auto return <input type="checkbox"/> No auto return cut
	Return Function does not operate	<input type="checkbox"/> Does not operate under any conditions <input type="checkbox"/> Tilt only <input type="checkbox"/> Telescopic only <input type="checkbox"/> Only with key inserted <input type="checkbox"/> Only with key not inserted <input type="checkbox"/> Only with memory & return switch 1 or 2
	<input type="checkbox"/> Memory Function does not operate	

Check Item	Power Seat	<input type="checkbox"/> Manual Function does not operate <input type="checkbox"/> Return Function does not operate
	Outer Mirror	<input type="checkbox"/> Manual Function does not operate <input type="checkbox"/> Return Function does not operate