

CUSTOMER PROBLEM ANALYSIS CHECK

AIR CONDITIONING SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		VIN	
		Production Date	
		Licence Plate No.	
Date Vehicle Brought In	/ /	Odometer Reading	km miles

Date of Problem Occurrence	/ /
How Often Does the Problem Occur?	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (times a day)
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Snowy <input type="checkbox"/> Various / Other
Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °F °C)

Symptoms	Air Flow Control Faulty	<input type="checkbox"/> Blower motor does not operate <input type="checkbox"/> Blower motor speed does not change (Always Hi, Always Med, Always Lo)
	Temperature Control Faulty	<input type="checkbox"/> Cabin temperature does not go down <input type="checkbox"/> Cabin temperature does not rise <input type="checkbox"/> Response is slow
	Air Inlet Control Faulty	<input type="checkbox"/> Cannot change between FRS and REC (Always Fresh or Always Recirculating)
	Vent Control Faulty	<input type="checkbox"/> Mode does not change <input type="checkbox"/> Unable to enter the desired mode

DTC Check	1st Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code (Code)
	2nd Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code (Code)