

CUSTOMER PROBLEM ANALYSIS CHECK

Supplemental Restraint System Check Sheet

 Inspector's
Name

| | | | |
|-------------------------|-----|-------------------|-------------|
| Customer's Name | | Registration No. | |
| | | Registration Year | / / |
| | | Frame No. | |
| Date Vehicle Brought In | / / | Odometer Reading | km Miles |

| | |
|----------------------------|--|
| Date Problem Dist Occurred | / / |
| Weather | <input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Other |
| Temperature | Approx. |

| | |
|--------------------|---|
| Vehicle Operation | <input type="checkbox"/> Starting <input type="checkbox"/> Idling <input type="checkbox"/> Driving [<input type="checkbox"/> Constant speed <input type="checkbox"/> Acceleration <input type="checkbox"/> Deceleration <input type="checkbox"/> Other] |
| Road Conditions | |
| Details Of Problem | |

| | |
|---|--|
| Vehicle Inspection, Repair History Prior to Occurrence of Mal- function(Including Supplemental Restraint System) | |
|---|--|

Diagnosis System Inspection

| | | |
|------------------------------|----------|--|
| SRS Warning Light Inspection | 1st Time | <input type="checkbox"/> Remains ON <input type="checkbox"/> Sometimes Light Up <input type="checkbox"/> Does Not Light Up |
| | 2nd Time | <input type="checkbox"/> Remains ON <input type="checkbox"/> Sometimes Light Up <input type="checkbox"/> Does Not Light Up |
| DTC Inspection | 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.] |