DI6OX–01

# 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 Occurred** | / / |
| **Weather** | ☐ Fine ☐ Cloudy ☐ Rainy ☐ Snowy ☐ Other |
| **Temperature** | **Approx.** |

| | |
|---|---|
| **Vehicle Operation** | ☐ Starting ☐ Idling<br>☐ Driving [ ☐ Constant speed ☐ Acceleration ☐ Deceleration<br>☐ Other ] |
| **Road Conditions** | |
| **Details Of Problem** | |

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

**Diagnosis System Inspection**

| | | |
|---|---|---|
| **SRS Warning Light Inspection** | **1st Time** | ☐ Remains ON ☐ Sometimes Lights Up ☐ Does Not Light Up |
| | **2nd Time** | ☐ Remains ON ☐ Sometimes Lights Up ☐ Does Not Light Up |
| **DTC Inspection** | **1st Time** | ☐ Normal Code ☐ Malfunction Code [ Code. ] |
| | **2nd Time** | ☐ Normal Code ☐ Malfunction Code [ Code. ] |