DI0FR–04

CUSTOMER PROBLEM ANALYSIS CHECK

POWER SEAT CONTROL SYSTEM 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	☐ Continuous ☐ Intermittent (Times a day)

Problem Symptom	☐ Manual Function does not operate.	☐ Slide ☐ Front Vertical ☐ Lifter ☐ Reclining
	☐ Return Function does not operate.	☐ Slide ☐ Front Vertical ☐ Lifter ☐ Does not operate in any conditions ☐ Only with key inserted ☐ Only with key not inserted ☐ Only with memory & return switch 1 or 2
	☐ Memory function does not operate.	
	☐ Position return function does not stop when brake pedal is depressed.	