

CUSTOMER PROBLEM ANALYSIS CHECK

CRUISE 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

Condition of Problem Occurrence	Date of Problem Occurrence	/ /
	Frequency Problem Occurs?	☐ Continuous ☐ Intermittent (Times a day)
	Vehicle Speed when Problem Occurred	km Mile

Symptoms	☐ Auto cancel occurs	- Driving condition ☐ City driving ☐ Freeway ☐ Up hill ☐ Down hill - After cancel occurred, did the driver activate cruise control again? ☐ Yes ☐ No
	☐ Cancel does not occur	☐ With brake ON ☐ Except D position shift ☐ When control SW turns to CANCEL position
	☐ Cruise control malfunction	☐ Slip to acceleration side ☐ Slip to deceleration side ☐ Hunting occurs ☐ O/D cut off does not occur ☐ O/D does not return
	☐ Switch malfunction	☐ SET ☐ ACCEL ☐ COAST ☐ RESUME ☐ CANCEL
	☐	☐ Remains ON ☐ Does not light up ☐ Blinks

DTC Check	1st Time	☐ Normal Code ☐ Malfunction Code (Code)
	2nd Time	☐ Normal Code ☐ Malfunction Code (Code)

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Date :

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