

## CUSTOMER PROBLEM ANALYSIS CHECK

## Suspension Control System Check Sheet

Inspector's  
Name :

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

|                                          |                     |                                                                                                                                                                                                                       |
|------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Problem First Occurred              |                     |                                                                                                                                                                                                                       |
| Frequency Problem Occurs                 |                     | <input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (    times per day, month)<br><input type="checkbox"/> Once only                                                                                 |
| Conditions at Time of Problem Occurrence | Weather             | <input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy<br><input type="checkbox"/> Various/Others                                                |
|                                          | Outdoor Temperature | <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool<br><input type="checkbox"/> Cold (Approx.    °F (    °C)                                                                     |
|                                          | Place               | <input type="checkbox"/> Highway <input type="checkbox"/> Suburbs <input type="checkbox"/> Inner City <input type="checkbox"/> Hill (Up, Down)<br><input type="checkbox"/> Rough Road <input type="checkbox"/> Others |

|          |                                                                |                                                                                                                                                                                                                                                                                                                                                                             |
|----------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Symptoms | <input type="checkbox"/> Malfunction in damping force control  | <input type="checkbox"/> Vehicle ride is uncomfortable<br><input type="checkbox"/> Vehicle ride too soft<br><input type="checkbox"/> Vehicle steering roll is different from right and left turn<br><input type="checkbox"/> Vehicle braking dive and starting squat are large<br><input type="checkbox"/> Others (    )                                                    |
|          | <input type="checkbox"/> Malfunction in vehicle height control | <input type="checkbox"/> Vehicle height cannot be changed by operating the height control switch<br><input type="checkbox"/> Vehicle height is extremely low when vehicle is parked<br><input type="checkbox"/> Vehicle leans to the right, left, front or rear<br><input type="checkbox"/> Abnormal sound sounds from AHC system<br><input type="checkbox"/> Others (    ) |
|          | <input type="checkbox"/> Others                                |                                                                                                                                                                                                                                                                                                                                                                             |

|           |          |                                                                                           |
|-----------|----------|-------------------------------------------------------------------------------------------|
| DTC Check | 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    ) |