

CUSTOMER PROBLEM ANALYSIS CHECK

DRIVER DOOR CONTROL SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		Registration No.	
		Registration Year	
		Frame No.	
Date Vehicle Brought in	/ /	Odometer Reading	km Mile

Date Problem First Occurred		/ /
Frequency Problem Occurs		☐ Always ☐ Sometimes (times per day, month) ☐ Once only
Weather Conditions When Problem Occurred	Weather	☐ Fine ☐ Cloudy ☐ Rainy ☐ Snowy ☐ Various/ Others
	Outdoor Temperature	☐ Hot ☐ Warm ☐ Cool ☐ Cold (Approx. °F (°C))

Malfunction System	☐ Power Window Control System
	☐ Power Door Lock Control System

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