DI8XY–02

CUSTOMER PROBLEM ANALYSIS CHECK

LEXUS LINK Check Sheet

Inspector's Name :

Customer's Name		**Registration No.**	
		Registration Year	/ /
		Frame No.	
Date Vehicle Brought In	/ /	**Odometer Reading**	km miles

Date Problem First Occurred	/ /
Frequency Problem Occurs	☐ Continuous ☐ Intermittent (times a day)

Place	
Condition	

Symptoms	☐ System can not call. (LEXUS LINK System does not operate)

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