DI3IP–06

CUSTOMER PROBLEM ANALYSIS CHECK

MULTIPLEX COMMUNICATION 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	☐ Body Control System
	☐ Tilt and Telescopic System
	☐ Power Seat System
	☐ Power Mirror Control System