

## CUSTOMER PROBLEM ANALYSIS CHECK

## ABS &amp; EBD &amp; BA Check Sheet

Inspector's :  
Name \_\_\_\_\_

|                         |     |                   |             |
|-------------------------|-----|-------------------|-------------|
| Customer's Name         |     | Registration No.  |             |
|                         |     | Registration Date | / /         |
|                         |     | Frame No.         |             |
| Date Vehicle Brought In | / / | Odometer Reading  | km<br>miles |

|                             |                                                                                              |
|-----------------------------|----------------------------------------------------------------------------------------------|
| Date Problem First Occurred | / /                                                                                          |
| Frequency Problem Occurs    | <input type="checkbox"/> Continuously <input type="checkbox"/> Intermittently ( times a day) |

|          |                                                            |                                                                                |
|----------|------------------------------------------------------------|--------------------------------------------------------------------------------|
| Symptoms | <input type="checkbox"/> ABS does not operate.             |                                                                                |
|          | <input type="checkbox"/> ABS does not operate efficiently. |                                                                                |
|          | <input type="checkbox"/> BA does not operate.              |                                                                                |
|          | <input type="checkbox"/> EBD does not operate.             |                                                                                |
|          | ABS Warning Light Abnormal                                 | <input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up |
|          | Brake Warning Light Abnormal (PKB released)                | <input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up |

|           |          |                                                                                        |
|-----------|----------|----------------------------------------------------------------------------------------|
| 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 ) |

|                   |               |                                                                                                                                    |
|-------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------|
| Freeze Frame Data | STOP LIGHT SW | <input type="checkbox"/> ON <input type="checkbox"/> OFF                                                                           |
|                   | SYSTEM        | <input type="checkbox"/> NO SYS<br><input type="checkbox"/> ABS<br><input type="checkbox"/> BA<br><input type="checkbox"/> FAIL SF |
|                   | #IG ON        |                                                                                                                                    |
|                   | VEHICLE SPD   | km/h<br>MPH                                                                                                                        |

TRAC & VSC Check Sheet

Inspector's :  
Name \_\_\_\_\_

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

|                             |                                                                                          |
|-----------------------------|------------------------------------------------------------------------------------------|
| Date Problem First Occurred | / /                                                                                      |
| Frequency Problem Occurs    | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent ( times a day) |

|          |                                                                                                |                                                                                |
|----------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Symptoms | <input type="checkbox"/> TRAC does not operate. (Wheels spin when starting rapidly.)           |                                                                                |
|          | <input type="checkbox"/> VSC does not operate. (Wheels sideslip at the time of sharp turning.) |                                                                                |
|          | VSC OFF Indicator Light Abnormal                                                               | <input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up |
|          | TRAC Warning Indicator Abnormal                                                                | <input type="checkbox"/> Displays <input type="checkbox"/> Does not Display    |
|          | SLIP Indicator Light Abnormal                                                                  | <input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up |
|          | Skid Control Buzzer Abnormal                                                                   | <input type="checkbox"/> Sounds <input type="checkbox"/> Does not Sound        |

|            |                             |                                                                                   |
|------------|-----------------------------|-----------------------------------------------------------------------------------|
| Check Item | ABS Warning Light           | <input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code ) |
|            | Malfunction Indicator Light | <input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code ) |

|           |          |                                                                                        |
|-----------|----------|----------------------------------------------------------------------------------------|
| 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 ) |

|                   |                 |                                                                                                                                                                                                                                 |
|-------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Freeze Frame Data | VSC/TRC OFF SW  | <input type="checkbox"/> ON <input type="checkbox"/> OFF                                                                                                                                                                        |
|                   | SYSTEM          | <input type="checkbox"/> VSC/TRC                                                                                                                                                                                                |
|                   | SHIFT POSITION  | <input type="checkbox"/> P,N <input type="checkbox"/> 2 <input type="checkbox"/> R <input type="checkbox"/> 3<br><input type="checkbox"/> D <input type="checkbox"/> 4 <input type="checkbox"/> L <input type="checkbox"/> FAIL |
|                   | STEERING ANG    | deg                                                                                                                                                                                                                             |
|                   | YAW RAT         | deg/s                                                                                                                                                                                                                           |
|                   | MAS CYL PRESS   | V                                                                                                                                                                                                                               |
|                   | THROTTLE        | deg                                                                                                                                                                                                                             |
|                   | MAS PRESS GRADE | MPa/s                                                                                                                                                                                                                           |
|                   | G (RIGHT&LEFT)  | G                                                                                                                                                                                                                               |
|                   | G (BACK&FORTH)  | G                                                                                                                                                                                                                               |