

## Check List for Interview

ABS (DIAGNOSTICS)

### 2. Check List for Interview

#### A: CHECK

Check the following items regarding condition of the vehicle.

##### 1. STATE OF ABS WARNING LIGHT

ABS warning light illuminates.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Only once <input type="checkbox"/> Does not come on When and for how long does it illuminate?		
Ignition key position	<input type="checkbox"/> LOCK <input type="checkbox"/> ACC <input type="checkbox"/> ON (before starting engine) <input type="checkbox"/> START <input type="checkbox"/> ON (after starting engine, engine is running) <input type="checkbox"/> ON (after starting engine, engine is at a standstill)		
Timing	<input type="checkbox"/> Immediately after turning the ignition ON. <input type="checkbox"/> Immediately after turning the ignition to START.		
	<input type="checkbox"/> While accelerating	—	km/h
		—	MPH
	<input type="checkbox"/> While driving at a constant speed	km/h	MPH
	<input type="checkbox"/> While decelerating	—	km/h
		—	MPH
	<input type="checkbox"/> When turning to the right	Steering angle:	deg
		Steering time:	Sec.
	<input type="checkbox"/> When turning to the left	Steering angle:	deg
		Steering time:	Sec.
	<input type="checkbox"/> When other electrical parts are operating		
	• Parts name: • Operating condition:		

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## 2. STATE OF BRAKE WARNING LIGHT

Brake warning light illuminates.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Only once <input type="checkbox"/> Does not come on <input type="checkbox"/> When pulling the parking brake lever. <input type="checkbox"/> When releasing the parking brake lever. When and for how long does it illuminate?		
Ignition key position	<input type="checkbox"/> LOCK <input type="checkbox"/> ACC <input type="checkbox"/> ON (before starting engine) <input type="checkbox"/> START <input type="checkbox"/> ON (after starting engine, engine is running) <input type="checkbox"/> ON (after starting engine, engine is at a standstill)		
Timing	<input type="checkbox"/> Immediately after turning the ignition ON. <input type="checkbox"/> Immediately after turning the ignition to START.		
	<input type="checkbox"/> While accelerating	— km/h	
		— MPH	
	<input type="checkbox"/> While driving at a constant speed	km/h	MPH
	<input type="checkbox"/> While decelerating	— km/h	
		— MPH	
	<input type="checkbox"/> When turning to the right	Steering angle:	deg
		Steering time:	Sec.
	<input type="checkbox"/> When turning to the left	Steering angle:	deg
		Steering time:	Sec.
<input type="checkbox"/> When other electrical parts are operating			
• Parts name: • Operating condition:			

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## 3. SYMPTOMS

ABS operating condition	<input type="checkbox"/> Does not operate.		
	<input type="checkbox"/> Operates only when applying the brakes suddenly.	Vehicle speed:	km/h
	MPH		
	Procedures for stepping on the brake pedal:		
	a) Operating time:	Sec.	
	b) Operating noise: <input type="checkbox"/> Occurs. / <input type="checkbox"/> Does not occur.		
	What kind of noise?	<input type="checkbox"/> Knocking <input type="checkbox"/> Gong gong <input type="checkbox"/> Thump <input type="checkbox"/> Buzz <input type="checkbox"/> Gong gong buzz <input type="checkbox"/> Others:	
	c) Reaction force of brake pedal		
		<input type="checkbox"/> Sticks <input type="checkbox"/> Weak pedal resistance <input type="checkbox"/> Strong pedal resistance <input type="checkbox"/> Others:	
	Condition of vehicle	a) Directional stability cannot be obtained or the steering does not respond when applying brakes: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
When:		<input type="checkbox"/> When turning to the right <input type="checkbox"/> When turning to the left <input type="checkbox"/> When spinning out <input type="checkbox"/> Others:	
b) Directional stability cannot be obtained or the steering does not respond when accelerating: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
When:		<input type="checkbox"/> When turning to the right <input type="checkbox"/> When turning to the left <input type="checkbox"/> When spinning out <input type="checkbox"/> Others:	
c) Poor brake performance: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
What kind:		<input type="checkbox"/> Braking distance is long. <input type="checkbox"/> Brakes lock or drag. <input type="checkbox"/> Pedal stroke is long. <input type="checkbox"/> Pedal sticks. <input type="checkbox"/> Others:	
d) Poor acceleration: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
What kind:		<input type="checkbox"/> Fails to accelerate. <input type="checkbox"/> Engine stalls. <input type="checkbox"/> Others:	
e) Occurrence of vibration: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
• Where • What kind:			
f) Occurrence of noise: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
• Where • What kind:			
g) Other troubles occurred: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
What kind:			

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## 4. CONDITIONS UNDER WHICH TROUBLE OCCURS

Environment	a) Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Others:	
	b) Ambient temperature	°C (°F)	
	c) Road	<input type="checkbox"/> Inner city <input type="checkbox"/> Suburbs <input type="checkbox"/> Highway <input type="checkbox"/> Local street <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Paved road <input type="checkbox"/> Gravel road <input type="checkbox"/> Muddy road <input type="checkbox"/> Sandy place <input type="checkbox"/> Others:	
	d) Road surface	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Covered with fresh snow <input type="checkbox"/> Covered with hardened snow <input type="checkbox"/> Frozen slope <input type="checkbox"/> Others:	
Condition	a) Brakes	Deceleration: _____ G <input type="checkbox"/> Intermittent / <input type="checkbox"/> Temporary	
	b) Accelerator	Acceleration: _____ G <input type="checkbox"/> Intermittent / <input type="checkbox"/> Temporary	
	c) Vehicle speed	_____ km/h	_____ MPH
		<input type="checkbox"/> Advancing <input type="checkbox"/> While accelerating <input type="checkbox"/> While decelerating <input type="checkbox"/> At low speed <input type="checkbox"/> When turning <input type="checkbox"/> Others:	
	d) Tire inflation pressure	Front RH tire: _____	kPa
		Front LH tire: _____	kPa
		Rear RH tire: _____	kPa
		Rear LH tire: _____	kPa
	e) Degree of wear	Front RH tire: _____	
		Front LH tire: _____	
		Rear RH tire: _____	
		Rear LH tire: _____	
	f) Genuine parts are used.: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
	g) Tire chain is attached: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
h) T-type tire is used.: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
i) Condition of suspension alignment:			
j) Loaded state:			
k) Repair parts are used.: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
Contents:			
l) Others:			