CUSTOMER PROBLEM ANALYSIS CHECK

DI0G7-01

ABS Check Sheet

Inspector's Name :

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

DI

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

Symptoms	☐ ABS does not operate.	
	☐ ABS does not operate efficiently.	
	ABS Warning Light Abnormal	☐ Remains ON ☐ Does not Light Up

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