050WX–13

CUSTOMER PROBLEM ANALYSIS CHECK

SUPPLEMENTAL RESTRAINT SYSTEM Check Sheet

Inspector's Name _____

Customer's Name		**Registration No.**	
		Registration Year	
		Frame No.	
Date Vehicle Brought in		**Odometer Reading**	km Miles

Date Problem Occurred	
Weather	☐ **Fine** ☐ **Cloudy** ☐ **Rainy** ☐ **Snowy** ☐ **Other**
Temperature	**Approx.**

Vehicle Operation	☐ **Starting** ☐ **Idling** ☐ **Driving** [☐ **Constant speed** ☐ **Acceleration** ☐ **Deceleration** ☐ **Other**]
Road Condition	
Details of Problem	

Vehicle Inspection, Repair History before Malfunction Occurs (Including Supplemental Restraint System)	

Diagnosis System Inspection

SRS Warning Light Inspection	**1st Time**	☐ **Remains ON** ☐ **Sometimes Lights Up** ☐ **Does Not Light Up**
	2nd Time	☐ **Remains ON** ☐ **Sometimes Lights Up** ☐ **Does Not Light Up**
DTC Inspection	**1st Time**	☐ **Normal Code** ☐ **Malfunction Code** [**Code.**]
	2nd Time	☐ **Normal Code** ☐ **Malfunction Code** [**Code.**]

H40122