05B7G–01

CUSTOMER PROBLEM ANALYSIS CHECK

AUDIO SYSTEM Check Sheet

Inspector's name: _____

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

Date of First Occurrence	/ /
Frequency of Problem Occurrence	☐ Always ☐ Intermittent (Times a day)

Problem Symptom	☐ **Switch**
	☐ **Radio**
	☐ **CD**
	☐ **Noise**