05CXO–03

CUSTOMER PROBLEM ANALYSIS CHECK

LIGHTING SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		**VIN**	
		Production Date	
		Licence Plate No.	
Date Vehicle Brought in	/ /	**Odometer Reading**	**km** **mile**

Date Problem First Occurred		/ /
Frequency Problem Occurs		☐ Always ☐ Sometimes (times per day, month) ☐ Once only
Weather Conditions When Problem Occurred	**Weather**	☐ Fine ☐ Cloudy ☐ Rainy ☐ Snowy ☐ Various/ Others
	Outdoor Temperature	☐ Hot ☐ Warm ☐ Cool ☐ Cold (Approx. °F (°C))

Malfunctioning System:	☐ Headlamp system
	☐ Tail lamp system
	☐ Automatic light control system
	☐ Light auto turn off system
	☐ Fog lamp system
	☐ Turn signal and hazard warning system
	☐ Stop lamp system
	☐ Back–up lamp system
	☐ Illuminated entry system
	☐ Others
	☐
	☐
	☐
	☐
	☐

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