05D0T–05

CUSTOMER PROBLEM ANALYSIS CHECK

AUDIO SYSTEM Check Sheet

Inspector's name: _____

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

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

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

	Parts name	**DTC (1st time)**	**DTC (2nd time)**
DTC Check	Radio receiver assy		
	Others		

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