05JZ1–01

CUSTOMER PROBLEM ANALYSIS CHECK

POWER WINDOW CONTROL SYSTEM Check Sheet

Inspector's name: _____

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

Date Problem First Occurred		/ /
Frequency Problem Occurs		☐ Constant ☐ 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. °C (°F))

Malfunction Symptoms	☐ AUTO UP/AUTO DOWN is not possible	
	☐ Operation interlocked with key is not possible	
	☐ Operation after key–OFF is not possible	
	☐ Remote operation by master switch is not possible	
	☐ Front LH side ☐ Rear RH side ☐ Rear LH side	
	☐ Operation by switch of each seat is not possible	
	☐ Front LH side ☐ Rear RH side ☐ Rear LH side	
Condition when returned to normal		☐ IG ON ☐ Engine started ☐ ( ) Switch operated
Condition when problem occurred	Yes•No	☐ IG OFF•ON ☐ ( ) Switch operated ☐ Other ( )