05JVJ–01

CUSTOMER PROBLEM ANALYSIS CHECK

SLIDING ROOF 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))

Problem Symptoms	☐ Sliding roof control system does not operate. ☐ Sliding roof operates abnormally or stops halfway.