05JNP–01

CUSTOMER PROBLEM ANALYSIS CHECK

CRUISE CONTROL SYSTEM Check Sheet

Inspector's name: _____

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

Condition of Problem Occurrence	**Date Problem Occurred**	/ /
	Frequency Problem Occurs	☐ Continuous ☐ Intermittent (times a day)
	Vehicle Speed when Problem Occurred	**km mile**

Symptoms	☐ Auto cancel occurs	● Driving condition ☐ City driving ☐ Freeway ☐ Uphill ☐ Downhill ● After cancel occurred, did the driver activate cruise control again? ☐ Yes ☐ No
	☐ Cancel does not occur	☐ With brake ON ☐ Except shifting into D position ☐ When control SW turns to CANCEL position
	☐ Cruise control malfunction	☐ Slip to acceleration side ☐ Slip to deceleration side ☐ Hunting occurs
	☐ Switch malfunction	☐ SET ☐ ACCEL(+) ☐ COAST(–) ☐ RESUME ☐ CANCEL
	☐ CRUISE MAIN indicator light	☐ Remains ON ☐ Does not light up ☐ Blinks

DTC Check	**1st Time**	☐ Normal System Code ☐ Trouble Code (Code)
	2nd Time	☐ Normal System Code ☐ Trouble Code (Code)