DI0SM–26

CUSTOMER PROBLEM ANALYSIS CHECK

Transmission Control System Check Sheet

Inspector's Name :

Customer's Name		Registration No.	
		Registration Year	/ /
		Frame No.	
Date Vehicle Brought In	/ /	Odometer Reading	km mile

Date Problem Occurred	/ /
How Often Does Problem Occur?	☐ Continuous ☐ Intermittent (times a day)

Symptoms	☐ Vehicle does not move (☐ Any range ☐ Particular range)
	☐ No up–shift (☐ 1st → 2nd ☐ 2nd → 3rd ☐ 3rd → O/D)
	☐ No down–shift (☐ O/D → 3rd ☐ 3rd → 2nd ☐ 2nd → 1st)
	☐ Lock–up malfunction
	☐ Shift point too high or too low
	☐ Harsh engagement (☐ N → D ☐ Lock–up ☐ Any drive range)
	☐ Slip or shudder
	☐ No kick–down
	☐ Others ( )

Check Item	O/D OFF Indicator light	☐ Normal ☐ Blink

DTC Check	1st Time	☐ Normal code ☐ Malfunction code (Code)
	2nd Time	☐ Normal code ☐ Malfunction code (Code)