

CUSTOMER PROBLEM ANALYSIS CHECK

POWER TILT AND POWER TELESCOPIC STEERING SYSTEM CHECK SHEET

Inspector's :
Name _____

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	☐ Continuous ☐ Intermittent (times a day)

Symptoms	Manual Function does not Operate	☐ Both Tilt and Telescopic ☐ Tilt only ☐ Telescopic only
	Auto Away/Return Function does not Operate	☐ Both Auto Away and Auto Return ☐ Auto Away only ☐ Auto Return only
	☐ Memory Function does not Operate	

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