

CUSTOMER PROBLEM ANALYSIS CHECK

ABS 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	☐ Continuously ☐ Intermittently (times a day)

Symptoms	☐ ABS does not operate.	
	☐ ABS does not operate efficiently.	
	ABS Warning Light Abnormal	☐ Remains ON ☐ Does not Light Up
	BRAKE Warning Light Abnormal (PKB released)	☐ Remains ON ☐ Does not Light Up
	BRAKE Warning Buzzer Abnormal	☐ Sounds ☐ Does not sound

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