

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	/ /		
Frequency Problem Occurs?	☐ Continuously ☐ Intermittently (times a day)		
Symptoms	☐ Vehicle does not move (☐ Any position ☐ Particular position)		
	☐ 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 position)		
	☐ Slip or shudder		
	☐ No kick-down		
	☐ Others ()		
Check Item	Malfunction Indicator Lamp	☐ Normal	☐ Remains ON
DTC Check	1st Time	☐ Normal code	☐ Malfunction code (Code)
	2nd Time	☐ Normal code	☐ Malfunction code (Code)