DIAYM–01

CUSTOMER PROBLEM ANALYSIS CHECK

SLIDING ROOF CONTROL SYSTEM Check Sheet

Inspector's name: _____

Customer's Name		**Registration No.**	
		Registration Year	
		Frame No.	
Date of Vehicle Brought in	/ /	**Odometer Reading**	**km** **Mile**

Date Problem First Occurred		/ /
Frequency Problem Occurs		☐ Constant ☐ Sometimes (Times per day, month) ☐ Once only
Weather Conditions When Problem Occurred	**Weather**	☐ Fine ☐ Cloudy ☐ Rainy ☐ Snowy ☐ Various/Others
	Outdoor temperature	☐ Hot ☐ Warm ☐ Cool ☐ Cold (Approx. °F (°C))

Problem Symptom	☐ Sliding roof control system does not operate.
	☐ Sliding roof operates abnormally or stops half way.
	☐ Jam protection system does not operate.