

## CUSTOMER PROBLEM ANALYSIS CHECK

**ENGINE IMMOBILISER Check Sheet**Inspector's  
Name \_\_\_\_\_

|                         |     |                   |             |
|-------------------------|-----|-------------------|-------------|
| Customer's Name         |     | Registration No.  |             |
|                         |     | Registration Year | / /         |
|                         |     | Frame No.         |             |
| Date Vehicle Brought In | / / | Odometer Reading  | km<br>miles |

|                             |                                                                                               |
|-----------------------------|-----------------------------------------------------------------------------------------------|
| Date Problem First Occurred | / /                                                                                           |
| Frequency Problem Occurs    | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (      times a day) |

|          |                                                                                                                        |
|----------|------------------------------------------------------------------------------------------------------------------------|
| Symptoms | <input type="checkbox"/> Immobiliser is not set.<br>(Engine starts with key codes other than the registered key code.) |
|          | <input type="checkbox"/> Engine does not start.                                                                        |

|            |                                                                                                                                                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Check Item | <b>Malfunction Indicator Lamp</b> <input type="checkbox"/> Normal <input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

|           |          |                                                                                             |
|-----------|----------|---------------------------------------------------------------------------------------------|
| DTC Check | 1st Time | <input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code      ) |
|           | 2nd Time | <input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code      ) |