

# CUSTOMER PROBLEM ANALYSIS CHECK

## DRIVER DOOR CONTROL SYSTEM Check Sheet

Inspector's name: \_\_\_\_\_

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

|                                          |                     |                                                                                                                                                                         |
|------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Problem First Occurred              |                     | / /                                                                                                                                                                     |
| Frequency Problem Occurs                 |                     | <input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (    times per    day, month)<br><input type="checkbox"/> Once only                                |
| Weather Conditions When Problem Occurred | Weather             | <input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy<br><input type="checkbox"/> Various/ Others |
|                                          | Outdoor Temperature | <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool<br><input type="checkbox"/> Cold (Approx.    °F (    °C))                      |

|                    |                                                         |
|--------------------|---------------------------------------------------------|
| Malfunction System | <input type="checkbox"/> Power Window Control System    |
|                    | <input type="checkbox"/> Power Door Lock Control System |

|           |          |                                                                                           |
|-----------|----------|-------------------------------------------------------------------------------------------|
| 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    ) |