CUSTOMER PROBLEM ANALYSIS CHECK SHEET

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

Data Problem Occurred	/ /
How Often does Problem Occur?	☐ Continuous ☐ Intermittent (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 vibrate
	☐ No kick-down
	☐ Others ( )

Check Item	**Condition of MIL**	☐ Normal ☐ Remains ON

DTC Check (O/D OFF Indicator Light)	**1st Time**	☐ Normal code ☐ Malfunction code (Code)
	2nd Time	☐ Normal code ☐ Malfunction code (Code)