CUSTOMER PROBLEM ANALYSIS CHECK

CAN Communication System Check Sheet

Inspector's Name :

Customer's Name		**VIN**	
		Production Date	/ /
		Licence Plate No.	
Date Vehicle Brought In	/ /	**Odometer Reading**	km miles

Date Problem First Occurred	/ /
Frequency Problem Occurs	☐ Continuously ☐ Intermittently (times a day)

DTC Check	**1st Time**	☐ Normal System Code ☐ Trouble Code (Code)
	2nd Time	☐ Normal System Code ☐ Trouble Code (Code)