05A57–01

CUSTOMER PROBLEM ANALYSIS CHECK

LIGHTING SYSTEM Check Sheet

Inspector's name: _____

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

Date Problem First Occurred		/ /
Frequency of Problem Occurrence		☐ Always ☐ 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))

Malfunction System	☐ Fog light system
	☐ Turn signal and hazard warning system
	☐ Illumination light system
	☐ Interior light system
	☐ Headlight system
	☐ Taillight system
	☐ Stop light system
	☐ Others

N

I30682