05ADJ–01

CUSTOMER PROBLEM ANALYSIS CHECK

CRUISE CONTROL SYSTEM Check Sheet

Inspector's name: _____

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

Condition of Problem Occurrence	**Date of Problem Occurrence**	/ /
	Frequency Problem Occurs?	☐ Continuous ☐ Intermittent (Times a day)
	Vehicle Speed when Problem Occurred	**km Mile**

Symptoms	☐ Auto cancel occurs	● Driving condition ☐ City driving ☐ Freeway ☐ Up hill ☐ Down hill ● After cancel occurred, did the driver activate cruise control again? ☐ Yes ☐ No
	☐ Cancel does not occur	☐ With brake ON ☐ Clutch pedal depressed (M/T) ☐ Except D range shift (A/T) ☐ When control SW turns to CANCEL position
	☐ Cruise control malfunction	☐ Slip to acceleration side ☐ Slip to deceleration side ☐ Hunting occurs ☐ O/D cut off does not occur (A/T) ☐ O/D does not return (A/T)
	☐ Switch malfunction	☐ SET ☐ '+' ☐ '–' ☐ RES ☐ CANCEL
	☐ CRUISE MAIN indicator light	☐ Remains ON ☐ Does not light up ☐ Blinks

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