DI3M8–01

CUSTOMER PROBLEM ANALYSIS CHECK

SUB FUEL TANK SYSTEM Check Sheet

Inspector's Name _____

Customer's Name		**Model and Model Year**	
Driver's Name		**Frame No.**	
Date Vehicle Brought in		**Engine Model**	
License No.		**Odometer Reading**	**km miles**

Problem Symptoms	☐ **Fuel Tank Changeover Switch is OFF**	☐ **Main fuel pump does not operate** ☐ **Main fuel pump and sub fuel pump operate simultaneously** ☐ **Sub fuel pump operate**
	☐ **Fuel Tank Changeover Switch is ON**	☐ **Sub fuel pump does not operate** ☐ **Main fuel pump and sub fuel pump operate simultaneously** ☐ **Main fuel pump operate**
	☐ **Others** _____	

Dates Problem Occurred	
Problem Frequency	☐ **Constant** ☐ **Sometimes (times per day/month)** ☐ **Once only** ☐ **Other** _____

DTC Inspection	☐ **Normal** ☐ **Malfunction code(s) (code)**