05D0T–02

CUSTOMER PROBLEM ANALYSIS CHECK

AUDIO SYSTEM CHECK SHEET

Inspector's Name: _____

Customer's Name		**VIN**	
		Production Date	
		Licence Plate No.	
Brought–in Date	/ /	**Odometer Reading**	**km mile**

Problem Occurrence Condition	Date malfunction occurred	
	Frequency malfunction occurs	☐ Always ☐ Intermittently (Times per day)
	Vehicle speed when the malfunction occurs	**km (mile)**

Malfunction Area	☐ **Switch**
	☐ **Radio**
	☐ **CD**
	☐ **Noise**

	Parts name	**DTC (1st time)**	**DTC (2nd time)**
DTC Confirmation	Radio receiver assy		
	Stereo component amplifier assy		
	Multi–display		
	Gateway ECU		

I32867

I40672