05IE5–01

CUSTOMER PROBLEM ANALYSIS CHECK

PUSH BUTTON START SYSTEM Check Sheet

Inspector's name: _____

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

Date Problem First Occurred		/ /
Frequency Problem Occurs		☐ Constant ☐ 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 (°C [°F])
Malfunction Symptoms	☐ Power mode does not change	
	☐ Transmitter holding function does not operate	
DTC	**1st time**	☐ Normal Code ☐ Malfunction Code
	2st time	☐ Normal Code ☐ Malfunction Code