

CUSTOMER PROBLEM ANALYSIS CHECK

ABS Check Sheet

Inspector's Name _____

Customer's Name	Registration No.	
	Registration Date	/ /
	Frame No.	
Date Vehicle Brought In	/ /	Odometer Reading km miles

Date Problem First Occurred	/ /
Frequency the Problem Occurs	<input type="checkbox"/> Continuously <input type="checkbox"/> Intermittently (times a day)

Symptoms	<input type="checkbox"/> ABS does not operate.	
	<input type="checkbox"/> ABS does not operate efficiently.	
	ABS Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	Brake Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up

DTC Check	1st Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code)
	2nd Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code)

Freeze Frame Data	STOP LIGHT SW	<input type="checkbox"/> ON <input type="checkbox"/> OFF
	SYSTEM	<input type="checkbox"/> NO SYS <input type="checkbox"/> ABS <input type="checkbox"/> FAIL SF
	#IG ON	
	VEHICLE SPD	MPH km/h