

CUSTOMER PROBLEM ANALYSIS CHECK

COMBINATION METER Check Sheet

Inspector's name: _____

Customer's Name	Registration No.	
	Registration Year	
	Frame No.	
Date of Vehicle Brought in	/ /	Odometer Reading Km Mile
Date Problem First Occurred	/ /	
How Often Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (Times a day)	
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Snowy <input type="checkbox"/> Other	
Temperature	Approx.	
Problem Symptom	Gauge	<input type="checkbox"/> Malfunction in speedometer <input type="checkbox"/> Malfunction in tachometer <input type="checkbox"/> Malfunction in fuel receiver gauge <input type="checkbox"/> Malfunction in water temperature receiver gauge
	Buzzer	<input type="checkbox"/> Key unlock warning buzzer does not sound <input type="checkbox"/> Light auto-turn off warning buzzer does not sound <input type="checkbox"/> Malfunction in driver's seat belt warning buzzer <input type="checkbox"/> All buzzers do not sound

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