

## CUSTOMER PROBLEM ANALYSIS CHECK

Transmission Control System Check Sheet      Inspector's Name :

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

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

Symptoms	<input type="checkbox"/> Vehicle does not move ( <input type="checkbox"/> Any position <input type="checkbox"/> Particular position )
	<input type="checkbox"/> No up-shift      ( <input type="checkbox"/> 1st → 2nd <input type="checkbox"/> 2nd → 3rd <input type="checkbox"/> 3rd → O/D )
	<input type="checkbox"/> No down-shift    ( <input type="checkbox"/> O/D → 3rd <input type="checkbox"/> 3rd → 2nd <input type="checkbox"/> 2nd → 1st )
	<input type="checkbox"/> Lock-up malfunction
	<input type="checkbox"/> Shift point too high or too low
	<input type="checkbox"/> Harsh engagement ( <input type="checkbox"/> N → D <input type="checkbox"/> Lock-up <input type="checkbox"/> Any drive position )
	<input type="checkbox"/> Slip or shudder
	<input type="checkbox"/> No kick-down
<input type="checkbox"/> Others	( )

Check Item	Malfunction Indicator Lamp	<input type="checkbox"/> Normal	<input type="checkbox"/> Remains ON
------------	----------------------------	---------------------------------	-------------------------------------

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 )