

CUSTOMER PROBLEM ANALYSIS CHECK

MULTIPLEX COMMUNICATION 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 First Occurred		/ /
Frequency Problem Occurs		<input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (times per day, month) <input type="checkbox"/> Once only
Weather Conditions When Problem Occurred	Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/ Others
	Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °F (°C))

Malfunction System	<input type="checkbox"/> Body Control System
	<input type="checkbox"/> Tilt and Telescopic System
	<input type="checkbox"/> Power Seat System
	<input type="checkbox"/> Power Mirror Control System