

CUSTOMER PROBLEM ANALYSIS CHECK

COMBINATION METER SYSTEM 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		/ /
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))

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 engine coolant temperate receiver gauge
	Others	<input type="checkbox"/> Entire combination meter does not operate
		<input type="checkbox"/> Indicators and warning lights do not light up
		<input type="checkbox"/> Light reminder warning buzzer does not sound
		<input type="checkbox"/> Driver's seat belt waring light does not operate
		<input type="checkbox"/> Others

I30453