

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	/ /
How Often Problem Occurs?	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (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
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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)