

CUSTOMER PROBLEM ANALYSIS CHECK**ABS & BA Check Sheet**Inspector's
Name _____

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (times a day)

Symptoms	<input type="checkbox"/> ABS does not operate.	
	<input type="checkbox"/> ABS does not operate efficiently.	
	<input type="checkbox"/> BA does not operate.	
	ABS Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	Brake Warning Light Abnormal (PKB released)	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up

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)

TRC & VSC Check Sheet

Inspector's
Name _____

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (times a day)

Symptoms	<input type="checkbox"/> TRC does not operate. (Wheels spin when starting rapidly.)	
	<input type="checkbox"/> VSC does not operate. (Wheels sideslip at the time of sharp turning.)	
	VSC OFF Indicator Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	VSC Warning Indicator Abnormal	<input type="checkbox"/> Displays <input type="checkbox"/> Does not Display
	SLIP Indicator Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	VSC Warning Buzzer Abnormal	<input type="checkbox"/> Sounds <input type="checkbox"/> Does not Sound

Check Item	ABS Warning Light	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code)
	Malfunction Indicator Light	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code)

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)

PPS Check Sheet

Inspector's Name : _____

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (times a day)

Symptoms	<input type="checkbox"/> PPS does not operate.
	<input type="checkbox"/> PPS does not operate efficiently.

Check Item	Fluid Condition (See page SR-5)	<input type="checkbox"/> Normal	<input type="checkbox"/> Malfunction
	Drive Belt Condition (See page SR-3)	<input type="checkbox"/> Normal	<input type="checkbox"/> Malfunction
	Fluid Pressure (See page SR-5)	<input type="checkbox"/> Normal	<input type="checkbox"/> Malfunction

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)