

CUSTOMER PROBLEM ANALYSIS CHECK

POWER TILT AND POWER TELESCOPIC STEERING SYSTEM CHECK SHEET

Inspector's Name : _____

Customer's Name		Registration No.	
		Registration Year	/ /
		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	Manual Function does not Operate	<input type="checkbox"/> Both Tilt and Telescopic <input type="checkbox"/> Tilt only <input type="checkbox"/> Telescopic only
	Auto Away/Return Function does not Operate	<input type="checkbox"/> Both Auto Away and Auto Return <input type="checkbox"/> Auto Away only <input type="checkbox"/> Auto Return only

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)