

CUSTOMER PROBLEM ANALYSIS CHECK

REAR LEFT POWER SEAT CONTROL 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	<input type="checkbox"/> All function does not operate.
	<input type="checkbox"/> "Rear Seat Slide operation" does not operate.
	<input type="checkbox"/> "Rear Seat Headrest top and bottom operation" does not operate.
	<input type="checkbox"/> Seat Position Memory function does not operate.
	<input type="checkbox"/> "Door open return function" does not operate.
	<input type="checkbox"/> "Rear Vibration operation" does not operate.
	<input type="checkbox"/> "Seat position return function" does not operate.
	<input type="checkbox"/> Others.