

CUSTOMER PROBLEM ANALYSIS CHECK

STEERING LOCK 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	<input type="checkbox"/> Immobiliser is not set. <input type="checkbox"/> (Engine starts with key codes except the registered key code.)
	<input type="checkbox"/> Engine does not start.

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)