

# CUSTOMER PROBLEM ANALYSIS CHECK

## RAIN SENSOR SYSTEM Check Sheet

Inspector's name: \_\_\_\_\_

|                         |     |                   |            |
|-------------------------|-----|-------------------|------------|
| Customer's Name         |     | Registration No.  |            |
|                         |     | Registration Year |            |
|                         |     | Frame No.         |            |
| Date Vehicle Brought in | / / | Odometer Reading  | km<br>Mile |

|  |   |
|--|---|
| Date Problem First Occurred              | / /   |
| Frequency Problem Occurs                 | <input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (    times per    day, month)<br><input type="checkbox"/> Once only  |
| Weather Conditions When Problem Occurred | <b>Weather</b><br><input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy<br><input type="checkbox"/> Various/ Others |
|  | <b>Outdoor Temperature</b><br><input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool<br><input type="checkbox"/> Cold (Approx.    °F (    °C))          |

|                    |   |
|--------------------|---|
| Malfunction System | <input type="checkbox"/> Automatic wiper system |
|                    | <input type="checkbox"/> Others                 |