

CUSTOMER PROBLEM ANALYSIS CHECK

REAR RIGHT DOOR CONTROL SYSTEM Check Sheet

Inspector's name: _____

| | | | |
|-------------------------|-----|-------------------|------------|
| Customer's Name | | Registration No. | |
| | | Registration Year | |
| | | Frame No. | |
| Date 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)) |

| | |
|---------------------------|---|
| Malfunction System | <input type="checkbox"/> Power Window Control System |
| | <input type="checkbox"/> Power Door Lock Control System |
| | <input type="checkbox"/> Door Closer System |
| | <input type="checkbox"/> Double Locking System |
| | <input type="checkbox"/> Illumination Light System |
| | <input type="checkbox"/> Smart Key System |
| | <input type="checkbox"/> Light Auto Turn Off System |
| | <input type="checkbox"/> Key Remainder System |