

CUSTOMER PROBLEM ANALYSIS CHECK

SLIDING ROOF CONTROL 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"/> 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. °C (°F))

Problem Symptom

<input type="checkbox"/> Sliding roof control system does not operate.
<input type="checkbox"/> Sliding roof operates abnormally or stops halfway.