

# CUSTOMER PROBLEM ANALYSIS CHECK

## AUDIO SYSTEM Check Sheet

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

Customer's Name		VIN	
		Production Date	
		Licence Plate No.	
Date of Vehicle Brought in	/ /	Odometer Reading	km mile

Date of First Occurrence	/ /
Frequency of Problem Occurrence	<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent (    Times a day)

Problem Symptom	<input type="checkbox"/> Switch
	<input type="checkbox"/> Radio
	<input type="checkbox"/> CD
	<input type="checkbox"/> Noise

DTC Check	Parts name	DTC (1st time)	DTC (2nd time)
	Radio receiver assy		
	Stereo component amplifier assy		
	Others		