

CUSTOMER PROBLEM ANALYSIS CHECK

COMBINATION METER 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 Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Constantly <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
	Outside Temperature <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °F (°C))

Problem Symptom	Gauge	<input type="checkbox"/> Malfunction in speedometer
		<input type="checkbox"/> Malfunction in tachometer
		<input type="checkbox"/> Malfunction in water temperature receiver gauge
		<input type="checkbox"/> Malfunction in fuel receiver gauge
	Others	<input type="checkbox"/> Entire combination meter does not operate
		<input type="checkbox"/> Seat belt warning lamp for driver's seat does not operate
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
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