

CUSTOMER PROBLEM ANALYSIS CHECK

LIGHTING SYSTEM Check Sheet

Inspector's name: _____

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

Date Problem First Occurred		/ /
Frequency Problem Occurs		<input type="checkbox"/> Always <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))

Malfunctioning System:	<input type="checkbox"/> Headlamp system
	<input type="checkbox"/> Taillight system
	<input type="checkbox"/> Automatic light control system
	<input type="checkbox"/> Light auto turn off system
	<input type="checkbox"/> Daytime running light system
	<input type="checkbox"/> Fog light system
	<input type="checkbox"/> Turn signal and hazard warning system
	<input type="checkbox"/> Stop light system
	<input type="checkbox"/> Back-up light system
	<input type="checkbox"/> Illuminated entry system
	<input type="checkbox"/> Others
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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