

CUSTOMER PROBLEM ANALYSIS CHECK

REAR VIEW MONITOR SYSTEM

Inspector's name: _____

Customer's Name		VIN	
		Production Date	
		Licence Plate No.	
Brought-in Date	/ /	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	Condition on the normal return	<input type="checkbox"/> ACC ON <input type="checkbox"/> E/G starts running <input type="checkbox"/> SW operating
	Condition on the trouble	<input type="checkbox"/> ACC OFF → ON <input type="checkbox"/> () SW operating <input type="checkbox"/> others

DTC Check	Parts name	DTC (1st time)	DTC (2nd time)
	Television camera ECU		