

CUSTOMER PROBLEM ANALYSIS CHECK

POWER SEAT CONTROL SYSTEM Check Sheet

Inspector's name: _____

| | | | |
|----------------------------|-----|-------------------|------------|
| Customer's Name | | Registration No. | |
| | | Registration Year | |
| | | Frame No. | |
| Date of Vehicle Brought in | / / | Odometer Reading | km Mile |

| | |
|-----------------------------|---|
| Date Problem First Occurred | / / |
| How Often Problem Occurs | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (Times a day) |

| | | |
|-----------------|--|---|
| Problem Symptom | <input type="checkbox"/> Manual Function does not operate. | <input type="checkbox"/> Slide <input type="checkbox"/> Front Vertical <input type="checkbox"/> Lifter <input type="checkbox"/> Reclining |
| | <input type="checkbox"/> Return Function does not operate. | <input type="checkbox"/> Slide <input type="checkbox"/> Front Vertical <input type="checkbox"/> Lifter <input type="checkbox"/> Does not operate in any conditions <input type="checkbox"/> Only with key inserted <input type="checkbox"/> Only with key not inserted <input type="checkbox"/> Only with memory & return switch 1 or 2 |
| | <input type="checkbox"/> Memory function does not operate. | |
| | <input type="checkbox"/> Position return function does not stop when brake pedal is depressed. | |