

CUSTOMER PROBLEM ANALYSIS CHECK

SUB FUEL TANK SYSTEM Check Sheet

Inspector's
Name

| | | | |
|-------------------------|--|----------------------|-------------|
| Customer's Name | | Model and Model Year | |
| Driver's Name | | Frame No. | |
| Date Vehicle Brought in | | Engine Model | |
| License No. | | Odometer Reading | km miles |

| | | |
|------------------|---|--|
| Problem Symptoms | <input type="checkbox"/> Fuel Tank Changeover Switch is OFF | <input type="checkbox"/> Main fuel pump does not operate <input type="checkbox"/> Main fuel pump and sub fuel pump operate simultaneously <input type="checkbox"/> Sub fuel pump operate |
| | <input type="checkbox"/> Fuel Tank Changeover Switch is ON | <input type="checkbox"/> Sub fuel pump does not operate <input type="checkbox"/> Main fuel pump and sub fuel pump operate simultaneously <input type="checkbox"/> Main fuel pump operate |
| | <input type="checkbox"/> Others _____ | |

| | |
|------------------------|--|
| Dates Problem Occurred | |
| Problem Frequency | <input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (times per day/month) <input type="checkbox"/> Once only <input type="checkbox"/> Other _____ |

| | |
|----------------|---|
| DTC Inspection | <input type="checkbox"/> Normal <input type="checkbox"/> Malfunction code(s) (code) |
|----------------|---|