

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)
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