DI18K-07

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CUSTOMER PROBLEM ANALYSIS CHECK

Supplemental Restraint System Check Sheet Inspector's Name				
<u>Name</u>				
			Registration No.	
Customer's Name			Registration Year	1 1
			Frame No.	
Date Vehicle Brought In	/	1	Odometer Reading	km Miles
Date Problem Occurred				1 1
Weather		□ Fine □ Cloudy □ Rainy □ Snowy □ Other		
Temperature		Approx.		
Vehicle Operation		□ Starting □ Idling □ Driving □ Constant speed □ Acceleration □ Deceleration □ Other]		
Road Conditions				
Details of Problem				
Vehicle Inspection and Repair History Prior to Occurrence of Malfunction (Including Supple- mental Restraint System)				
Diagnosis System Inspection				
SRS Warning Light Inspection	1st Time	□ Remains ON	□ Sometimes Lights Up □ Does Not Light Up	
	2nd Time	□ Remains ON	□ Sometimes Lights Up □ Does Not Light Up	
	1st Time	□ Normal Code	☐ Malfunction Cod	e [Code.]

2nd Time ☐ Normal Code ☐ Malfunction Code ☐ Code.

DTC Inspection