

# CUSTOMER PROBLEM ANALYSIS CHECK

## LIGHTING SYSTEM Check Sheet

Inspector's name: \_\_\_\_\_

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

|  |  |
|--|--|
| Date Problem First Occurred              | / /  |
| Frequency Problem Occurs                 | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes (    times per    day, month)<br><input type="checkbox"/> Once only   |
| Weather Conditions When Problem Occurred | Weather<br><input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy<br><input type="checkbox"/> Various/ Others |
|  | Outdoor Temperature<br><input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool<br><input type="checkbox"/> Cold (Approx.    °F (    °C))          |

|                    |  |
|--------------------|--|
| Malfunction System | <input type="checkbox"/> Fog light system                      |
|                    | <input type="checkbox"/> Turn signal and hazard warning system |
|                    | <input type="checkbox"/> Illumination light system             |
|                    | <input type="checkbox"/> Interior system                       |
|                    | <input type="checkbox"/> Headlight system                      |
|                    | <input type="checkbox"/> Taillight system                      |
|                    | <input type="checkbox"/> Stop light system                     |
|                    |  |