

# CUSTOMER PROBLEM ANALYSIS CHECK

## AIR CONDITIONING SYSTEM Check Sheet

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

Customer's Name		Registration No.	
		Registration Year	
		Frame No.	
Date vehicle Brought In	/ /	Odometer Reading	km Miles

Date of Problem Occurrence	/ /
How Often does Problem Occur?	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (    times a day)
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Snowy <input type="checkbox"/> Various / Other
Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx.    °F / °C )

Symptoms	<b>Air Flow Control is Faulty</b>	<input type="checkbox"/> Blower motor does not operate <input type="checkbox"/> Blower motor speed does not change (Always Hi, Always Med, Always Lo)
	<b>Temperature Control is Faulty</b>	<input type="checkbox"/> Cabin temperature does not go down <input type="checkbox"/> Cabin temperature does not rise <input type="checkbox"/> Response is slow
	<b>Air Inlet Control is Faulty</b>	<input type="checkbox"/> Cannot change between FRS and REC (Always Fresh or always Recirculating)
	<b>Vent Control is Faulty</b>	<input type="checkbox"/> Mode does not change <input type="checkbox"/> Desired mode cannot be entered

DTC Check	1st Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code    )
	2nd Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code    )