

# CUSTOMER PROBLEM ANALYSIS CHECK

**LIGHTING SYSTEM Check Sheet**

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

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

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

<b>Malfunction System</b>	<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

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