

CUSTOMER PROBLEM ANALYSIS CHECK

ABS & EBD & BA Check Sheet

Inspector's Name _____

Customer's Name	Registration No.	
	Registration Date	/ /
	Frame No.	
Date Vehicle Brought In	/ /	Odometer Reading km miles

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuously <input type="checkbox"/> Intermittently (times a day)

Symptoms	<input type="checkbox"/> ABS does not operate.	
	<input type="checkbox"/> ABS does not operate efficiently.	
	<input type="checkbox"/> BA does not operate.	
	<input type="checkbox"/> EBD does not operate.	
	ABS Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	Brake Warning Light Abnormal (PKB released)	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up

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)

Freeze Frame Data	STOP LIGHT SW	<input type="checkbox"/> ON <input type="checkbox"/> OFF
	SYSTEM	<input type="checkbox"/> NO SYS <input type="checkbox"/> ABS <input type="checkbox"/> BA <input type="checkbox"/> FAIL SF
	#IG ON	
	VEHICLE SPD	km/h MPH

TRAC & VSC Check Sheet

Inspector's Name _____

Customer's Name	_____	Registration No.	_____
	_____	Registration Date	/ /
	_____	Frame No.	_____
Date Vehicle Brought In	/ /	Odometer Reading	_____ km miles

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (_____ times a day)

Symptoms	<input type="checkbox"/> TRAC does not operate. (Wheels spin when starting rapidly.)
	<input type="checkbox"/> VSC does not operate. (Wheels sideslip at the time of sharp turning.)
	TRAC OFF Indicator Light Abnormal <input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	VSC Warning Indicator Abnormal <input type="checkbox"/> Displays <input type="checkbox"/> Does not Display
	SLIP Indicator Light Abnormal <input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	Skid Control Buzzer Abnormal <input type="checkbox"/> Sounds <input type="checkbox"/> Does not Sound

Check Item	ABS Warning Light	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code _____)
	Malfunction Indicator Light	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code _____)

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 _____)

Freeze Frame Data	VSC/TRC OFF SW	<input type="checkbox"/> ON <input type="checkbox"/> OFF
	SYSTEM	<input type="checkbox"/> VSC/TRC
	SHIFT POSITION	<input type="checkbox"/> P,N <input type="checkbox"/> 2 <input type="checkbox"/> R <input type="checkbox"/> 3 <input type="checkbox"/> D <input type="checkbox"/> 4 <input type="checkbox"/> L <input type="checkbox"/> FAIL
	STEERING ANG	_____ deg
	YAW RAT	_____ deg/s
	MAS CYL PRESS	_____ V
	THROTTLE	_____ deg
	MAS PRESS GRADE	_____ MPa/s
	G (RIGHT&LEFT)	_____ G
	G (BACK&FORTH)	_____ G