

CUSTOMER PROBLEM ANALYSIS CHECK

FRONT AND REAR WIPER SYSTEM Check Sheet

Inspector's name: _____

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (times per day, month) <input type="checkbox"/> Once only
Weather Conditions When Problem Occurred	Weather
	Outdoor Temperature

Fine Cloudy Rainy Snowy
 Various/ Others
 Hot Warm Cool
 Cold (Approx. °F (°C))

Malfunction System	<input type="checkbox"/> Front Wiper System
	<input type="checkbox"/> Front Washer System
	<input type="checkbox"/> Rear Wiper System
	<input type="checkbox"/> Rear Washer System