

Rear Air Suspension System Check Sheet

Inspector's Name :

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

Date Problem First Occurred		
How often Problem Occurs		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes (times per day, month) <input type="checkbox"/> Once only
Conditions at Time of Problem Occurrence	Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Others
	Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °F (°C))
	Place	<input type="checkbox"/> Highway <input type="checkbox"/> Suburbs <input type="checkbox"/> Inner City <input type="checkbox"/> Hill (Up, Down) <input type="checkbox"/> Rough Road <input type="checkbox"/> Others

Symptoms	<input type="checkbox"/> Malfunction in vehicle height control	<input type="checkbox"/> Vehicle height cannot be changed by operating the height control switch <input type="checkbox"/> High speed control does not operate <input type="checkbox"/> Others ()
	<input type="checkbox"/> Indicator lamp does not comes on	<input type="checkbox"/> Height control OFF indicator lamp does not come on <input type="checkbox"/> Height control indicator lamp does not come on
	<input type="checkbox"/> Others	

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)