CUSTOMER PROBLEM ANALYSIS CHECK

0569B-02

AUDIO SYSTEM Check Sheet

Inspector's name: _____

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

Date of First Occurrence	/ /
Frequency of Problem Occurrence	☐ Constant ☐ Intermittent (Times a day)

Problem Symptom	☐ **Switch**
	☐ **Radio**
	☐ **CD**
	☐ **Noise**

	Parts name	DTC (1st time).	DTC (2nd time).
DTC Check	Radio receiver assy		
	Stereo component amplifier assy		
	Stereo component controller assy		

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