

CUSTOMER PROBLEM ANALYSIS CHECK

ENGINE CONTROL SYSTEM Check Sheet

 Inspector's
Name

Customer's Name		Model and Model Year	
Driver's Name		Frame No.	
Date Vehicle Brought in		Engine Model	
License No.		Odometer Reading	km miles

Problem Symptoms	<input type="checkbox"/> Engine does not Start	<input type="checkbox"/> Engine does not crank	<input type="checkbox"/> No initial combustion	<input type="checkbox"/> No complete combustion
	<input type="checkbox"/> Difficult to Start	<input type="checkbox"/> Engine cranks slowly <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Poor Idling	<input type="checkbox"/> Incorrect first idle <input type="checkbox"/> Idling rpm is abnormal <input type="checkbox"/> High (rpm) <input type="checkbox"/> Low (rpm) <input type="checkbox"/> Rough idling <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Poor Driveability	<input type="checkbox"/> Hesitation <input type="checkbox"/> Back fire <input type="checkbox"/> Muffler explosion (after-fire) <input type="checkbox"/> Surging <input type="checkbox"/> Knocking <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Engine Stall	<input type="checkbox"/> Soon after starting <input type="checkbox"/> After accelerator pedal depressed <input type="checkbox"/> After accelerator pedal released <input type="checkbox"/> During A/C operation <input type="checkbox"/> Shifting from N to D <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Others	_____		

Date Problem Occurred				
Problem Frequency	<input type="checkbox"/> Constant <input type="checkbox"/> Sometimes (times per day/month) <input type="checkbox"/> Once only <input type="checkbox"/> Other _____			
Condition When Problem Occurs	Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Other _____		
	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"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Rough road <input type="checkbox"/> Other _____		
	Engine Temp.	<input type="checkbox"/> Cold <input type="checkbox"/> Warming up <input type="checkbox"/> After warming up <input type="checkbox"/> Any temp. <input type="checkbox"/> Other _____		
	Engine Operation	<input type="checkbox"/> Starting <input type="checkbox"/> Just after starting (min.) <input type="checkbox"/> Idling <input type="checkbox"/> Racing <input type="checkbox"/> Driving <input type="checkbox"/> Constant speed <input type="checkbox"/> Acceleration <input type="checkbox"/> Deceleration <input type="checkbox"/> A/C switch ON/OFF <input type="checkbox"/> Other _____		

Condition of MIL	<input type="checkbox"/> Remains on <input type="checkbox"/> Sometimes lights up <input type="checkbox"/> Does not light up		
DTC Inspection	Normal Mode (Pre-check)	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction code(s) (code) <input type="checkbox"/> Freeze frame data ()	
	Check Mode	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction code(s) (code) <input type="checkbox"/> Freeze frame data ()	