DI62D–02

CUSTOMER PROBLEM ANALYSIS CHECK

BODY CONTROL 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		☐ Constant ☐ Sometimes (times per day, month) ☐ Once only
Weather Conditions When Problem Occurred	**Weather**	☐ Fine ☐ Cloudy ☐ Rainy ☐ Snowy ☐ Various/ Others
	Outdoor Temperature	☐ Hot ☐ Warm ☐ Cool ☐ Cold (Approx. °F (°C))

Malfunction System	☐ Key Reminder System
	☐ Light Control System
	☐ Daytime Running Light System
	☐ Combination Meter (Open door warning light)
	☐ Light Auto Turn Off System
	☐ Illuminated Entry System
	☐ Seat Belt Warning
	☐ Power Window Control System
	☐ Power Door Lock Control System
	☐ Wireless Door Lock Control System
	☐ Others