

CUSTOMER PROBLEM ANALYSIS CHECK

KEY REMINDER WARNING SYSTEM Check Sheet

Inspector's
Name :

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

| | | |
|--|---------------------|--|
| Date Problem First Occurred | | / / |
| Frequency Problem Occurs | | <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent (times a day) <input type="checkbox"/> Only once |
| Weather Conditions When Problem Occurred | 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. °C (°F)) |

| | |
|------------------|---|
| Problem Symptoms | <input type="checkbox"/> Key reminder buzzer does not sound |
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