

CUSTOMER PROBLEM ANALYSIS CHECK

POWER WINDOW CONTROL 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"/> Sometimes (times per day, month) <input type="checkbox"/> Once only
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 (°C [°F])

Malfunction Symptoms	<input type="checkbox"/> AUTO UP/DOWN function does not operate		
	<input type="checkbox"/> Remote UP/DOWN function does not operate		
	<input type="checkbox"/> Driver door window goes down during AUTO UP operation		
	<input type="checkbox"/> Manual UP/DOWN function does not operate		
	<input type="checkbox"/> All <input type="checkbox"/> Driver side <input type="checkbox"/> Passenger side <input type="checkbox"/> Rear LH <input type="checkbox"/> Rear RH		
Condition When Recovered Normal	<input type="checkbox"/> IG ON <input type="checkbox"/> Engine started <input type="checkbox"/> () Switch operated		
Condition When Problem Occurred	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> IG OFF <input type="checkbox"/> ON <input type="checkbox"/> () Switch operated <input type="checkbox"/> Others ()	