

CHECK LIST FOR INTERVIEW.

ENGINE (DIAGNOSTICS)

2. Check List for Interview.

A: CHECK

1. CHECK LIST NO. 1

Check the following items when problem has occurred.

NOTE:

Use copies of this page for interviewing customers.

Customer's name		Engine no.	
Date of sale		Fuel brand	
Date of repair		Odometer reading	km
VIN			miles
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Others:		
Outdoor temperature	°C (°F)		
	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold		
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"/> Others:		
Engine temperature	<input type="checkbox"/> Cold <input type="checkbox"/> Warming-up <input type="checkbox"/> After warming-up <input type="checkbox"/> Any temperature <input type="checkbox"/> Others:		
Engine speed	rpm		
Vehicle speed	MPH		
Driving conditions	<input type="checkbox"/> Not affected <input type="checkbox"/> At starting <input type="checkbox"/> While idling <input type="checkbox"/> At racing <input type="checkbox"/> While accelerating <input type="checkbox"/> While cruising <input type="checkbox"/> While decelerating <input type="checkbox"/> While turning (RH/LH)		
Headlight	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF	Rear defogger	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF
Blower	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF	Radio	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF
A/C compressor	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF	CD/cassette tape player	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF
Cooling fan	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF	Car phone	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF
Front wiper	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF	CB	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF
Rear wiper	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF		

CHECK LIST FOR INTERVIEW.

ENGINE (DIAGNOSTICS)

2. CHECK LIST NO. 2

Check the following items about the vehicle's state when MIL turns on.

NOTE:

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a) Other warning lights or indicators turn on. <input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/> Low fuel warning light
<input type="checkbox"/> Charge indicator light
<input type="checkbox"/> AT diagnostics indicator light
<input type="checkbox"/> ABS warning light
<input type="checkbox"/> Engine oil pressure warning light
b) Fuel level
• Lack of fuel: <input type="checkbox"/> Yes / <input type="checkbox"/> No
• Indicator position of fuel gauge:
c) Intentional connecting or disconnecting of harness connectors or spark plug cords: <input type="checkbox"/> Yes / <input type="checkbox"/> No
• What:
d) Intentional connecting or disconnecting of hoses: <input type="checkbox"/> Yes / <input type="checkbox"/> No
• What:
e) Installing of parts other than genuine parts: <input type="checkbox"/> Yes / <input type="checkbox"/> No
• What:
• Where:
f) Occurrence of noise: <input type="checkbox"/> Yes / <input type="checkbox"/> No
• From where:
• What kind:
g) Occurrence of smell: <input type="checkbox"/> Yes / <input type="checkbox"/> No
• From where:
• What kind:
h) Intrusion of water into engine compartment or passenger compartment: <input type="checkbox"/> Yes / <input type="checkbox"/> No
i) Troubles occurred
<input type="checkbox"/> Engine does not start.
<input type="checkbox"/> Engine stalls during idling.
<input type="checkbox"/> Engine stalls while driving.
<input type="checkbox"/> Engine speed decreases.
<input type="checkbox"/> Engine speed does not decrease.
<input type="checkbox"/> Rough idling
<input type="checkbox"/> Poor acceleration
<input type="checkbox"/> Back fire
<input type="checkbox"/> After fire
<input type="checkbox"/> No shift
<input type="checkbox"/> Excessive shift shock