

Check List for Interview

BRAKE VACUUM CONTROL (BVC) (DIAGNOSTICS)

2. Check List for Interview

A: CHECK

Check the following items about the vehicle's state.

1. STATE OF BRAKE VACUUM PUMP WARNING LIGHT

The brake vacuum pump warning light illuminates.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Only once <input type="checkbox"/> Does not illuminate • When/How long does it illuminate?		
Ignition key position	<input type="checkbox"/> LOCK <input type="checkbox"/> ACC <input type="checkbox"/> ON (before starting engine) <input type="checkbox"/> START <input type="checkbox"/> ON (after starting engine, engine is running) <input type="checkbox"/> ON (after starting engine, engine is at a standstill)		
Timing	<input type="checkbox"/> Immediately after turning the ignition switch to ON <input type="checkbox"/> Immediately after turning the ignition switch to START		
	<input type="checkbox"/> While accelerating	—	km/h
		—	MPH
	<input type="checkbox"/> While driving at a constant speed	km/h	MPH
	<input type="checkbox"/> While decelerating	—	km/h
		—	MPH

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2. CONDITIONS UNDER WHICH TROUBLE OCCURS

Environment	a) Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Others:	
	b) Ambient temperature	°C (°F)	
	c) Altitude	m (ft)	
	d) Road	<input type="checkbox"/> Inner city <input type="checkbox"/> Suburbs <input type="checkbox"/> Highway <input type="checkbox"/> General road <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Paved road <input type="checkbox"/> Gravel road <input type="checkbox"/> Muddy road <input type="checkbox"/> Sandy place <input type="checkbox"/> Straight road <input type="checkbox"/> Sharp curve <input type="checkbox"/> Gentle road <input type="checkbox"/> S-curve <input type="checkbox"/> Road with a slope on both sides <input type="checkbox"/> Others:	
Condition	a) Brakes	Deceleration: _____ G <input type="checkbox"/> continuous / <input type="checkbox"/> Intermittent	
	b) Accelerator	Acceleration: _____ G <input type="checkbox"/> continuous / <input type="checkbox"/> Intermittent	
	c) Vehicle speed	km/h	MPH
	<input type="checkbox"/> Advancing <input type="checkbox"/> Accelerating <input type="checkbox"/> Decelerating <input type="checkbox"/> Low speed <input type="checkbox"/> Turning <input type="checkbox"/> Others:		<input type="checkbox"/> Immediately after starting the engine <input type="checkbox"/> Idling, etc.