

Check List for Interview

ENGINE (DIAGNOSTICS)

2. Check List for Interview

A: CHECK

1. CHECK LIST NO. 1

Check the following item when problem has occurred.

NOTE:

Use copies of this page for interviewing customers.

Customer's name		Engine No.	
Date of purchase		Fuel brand	
Date of repair		Odometer reading	km
V.I.N.			miles
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Others:		
Ambient air 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	km/h (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	Audio	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF
A/C compressor	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF	CD/Cassette	<input type="checkbox"/> ON/ <input type="checkbox"/> OFF
Radiator 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	Wireless device	<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 item about the vehicle's state when malfunction indicator light turns on.

NOTE:

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a) Other warning lights or indicators illuminate. <input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/> Low fuel warning light <input type="checkbox"/> Charge indicator light <input type="checkbox"/> Engine coolant temperature warning light <input type="checkbox"/> Oil pressure warning light <input type="checkbox"/> ATF temperature warning light or SPORT indicator light <input type="checkbox"/> Driver's control center differential indicator light <input type="checkbox"/> ABS warning light <input type="checkbox"/> VDC warning light <input type="checkbox"/> Cruise indicator light <input type="checkbox"/> SI-CRUISE warning light <input type="checkbox"/> Immobilizer indicator light <input type="checkbox"/> STEERING warning light <input type="checkbox"/> Electronic parking brake warning light <input type="checkbox"/> Glow indicator <input type="checkbox"/> Sedimentor warning light <input type="checkbox"/> Others:
b) Fuel level
<ul style="list-style-type: none">• Lack of fuel: <input type="checkbox"/> Yes / <input type="checkbox"/> No• Indicator position of fuel gauge:• Experienced running out of fuel: <input type="checkbox"/> Yes / <input type="checkbox"/> No
c) Intentional connecting or disconnecting of harness connectors or spark plug cords: <input type="checkbox"/> Yes / <input type="checkbox"/> No
<ul style="list-style-type: none">• What:
d) Intentional connecting or disconnecting of hoses: <input type="checkbox"/> Yes / <input type="checkbox"/> No
<ul style="list-style-type: none">• What:
e) Installing of other parts except genuine parts: <input type="checkbox"/> Yes / <input type="checkbox"/> No
<ul style="list-style-type: none">• What:• Where:
f) Occurrence of noise: <input type="checkbox"/> Yes / <input type="checkbox"/> No
<ul style="list-style-type: none">• From where:• What kind:
g) Occurrence of smell: <input type="checkbox"/> Yes / <input type="checkbox"/> No
<ul style="list-style-type: none">• 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"/> Does not shift. <input type="checkbox"/> Excessive shift shock