

Check List for Interview

AIRBAG SYSTEM (DIAGNOSTICS)

2. Check List for Interview

A: CHECK

Customer's name		Inspector's name	
Date vehicle brought in	/ /	Registration No.	
Odometer reading	km miles	V.I.N.	
Date problem occurred	/ /	Registration year	/ /
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Others:		
Temperature	°C (°F)		
Road condition	<input type="checkbox"/> Flat road <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Gravel road <input type="checkbox"/> Others:		
Vehicle operation	<input type="checkbox"/> Starting <input type="checkbox"/> Idling <input type="checkbox"/> Driving <input type="checkbox"/> Constant speed <input type="checkbox"/> Accelerating <input type="checkbox"/> Decelerating <input type="checkbox"/> Turning <input type="checkbox"/> Others:		
Details of problem			
Airbag warning light operation	<input type="checkbox"/> Normal (After turning the ignition switch to ON, lit for approximately 6 seconds and goes off.) <input type="checkbox"/> Remains ON <input type="checkbox"/> Light OFF		
DTC output	<input type="checkbox"/> OK code <input type="checkbox"/> DTC: (Code:)		