

CUSTOMER PROBLEM ANALYSIS CHECK

Automatic Transaxle System Check Sheet		Inspector's Name _____	
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Customer's Name		Registration No.	
		Registration Year	/ /
		Frame No.	
Date Vehicle Brought In	/ /	Odometer Reading	km mile

Date Problem Occurred	/ /
How Often Does Problem Occur?	☐ Continuous ☐ Intermittent (times a day)

Symptoms	☐ Vehicle does not move (☐ Any range ☐ Particular range)
	☐ No up-shift (☐ 1st → 2nd ☐ 2nd → 3rd ☐ 3rd → O/D)
	☐ No down-shift (☐ O/D → 3rd ☐ 3rd → 2nd ☐ 2nd → 1st)
	☐ Lock-up malfunction
	☐ Shift point too high or too low
	☐ Harsh engagement (☐ N → D ☐ Lock-up ☐ Any drive range)
	☐ Slip or shudder
	☐ No kick-down
	☐ Others ()

Check Item	Malfunction Indicator Lamp	☐ Normal ☐ Remains ON
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DTC Check	1st Time	☐ Normal code ☐ Malfunction code (DTC)
	2nd Time	☐ Normal code ☐ Malfunction code (DTC)