

Diagnostic Check

Please use the following check list to obtain details of vehicle concerns and attach to job card. All customers with non-service repairs should be offered a pre-diagnostic vehicle inspection.

Customer/ Vehicle Details													
Name: _____	Vehicle Model: _____	Reg. No: _____											
Vehicle VIN: _____	Repair Order No: _____	Previous Visit Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<small>(if repeat repair)</small>
Customer Address: _____		Telephone: _____ <small>(include STD code)</small>											

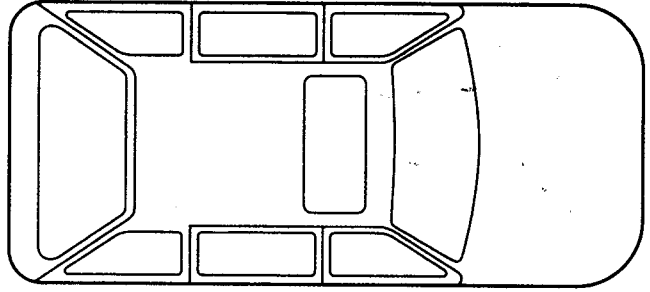
Driving Concern	
1. Description of Concern: _____ _____	
2. Intermittent Fault: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Engine Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Normal	
4. Driving Condition: <input type="checkbox"/> Starting <input type="checkbox"/> Accelerating <input type="checkbox"/> Constant Speed <input type="checkbox"/> Pulling Away <input type="checkbox"/> Coasting <input type="checkbox"/> Braking <input type="checkbox"/> Idling <input type="checkbox"/> Parking	

Electronic, Controls and Audio Concern	
1. Description of Concern: _____ _____	
2. Which Item(s) Malfunction <input type="checkbox"/> Locks <input type="checkbox"/> Controls/ Switches <input type="checkbox"/> Alarm <input type="checkbox"/> Radio <input type="checkbox"/> Cassette <input type="checkbox"/> CD <input type="checkbox"/> Other	
3. Symptoms: <input type="checkbox"/> Not working at all <input type="checkbox"/> Not working properly <input type="checkbox"/> Working erratically <input type="checkbox"/> Poor audio reception/ Interface <input type="checkbox"/> Distorted sound <input type="checkbox"/> Other _____	
4. Driving Condition: <input type="checkbox"/> All the time <input type="checkbox"/> Specify (eg. Braking) _____	
5. Engine Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Normal	
6. Weather Condition: <input type="checkbox"/> Hot <input type="checkbox"/> Cold/ Cool <input type="checkbox"/> Rainy/ Humid <input type="checkbox"/> All Conditions	
7. Road Conditions: <input type="checkbox"/> Rough <input type="checkbox"/> Smooth <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Flat <input type="checkbox"/> All Conditions	
8. When did concern occur? <input type="checkbox"/> Suddenly at _____ miles <input type="checkbox"/> gradually from _____ miles <input type="checkbox"/> Since new <input type="checkbox"/> After abnormal occurrence (specify) _____	
9. Frequency of Concern: <input type="checkbox"/> rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	



Water Leaks

1. Mark an X to indicate location of leak(s):



2. Is the water: Clean Dirty

3. Does the leak occur: During rainfall After rainfall While driving During car wash/hose down

4. Position of vehicle when leak is most apparent: Level ground Incline to front Incline to rear Incline to right Incline to left

Noise/ Vibration Concern

1. Description of concern:

Noise: _____

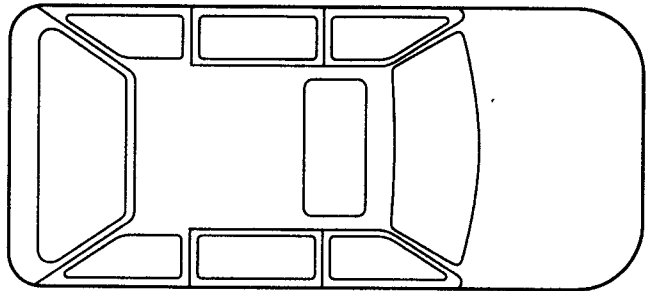
Vibration: _____

2. Describe driving conditions when the noise/vibration occurs:

Noise: _____

Vibration: _____

3. Mark (N) and/or (V) to indicate location of noise/vibration:



4. Engine condition: Cold Normal

5. At what speed does the noise/vibration occur? A specific speed approx _____ m.p.h. All speeds

6. In what gear does the noise/vibration occur? Gear number _____ All gears

7. How often does the noise/vibration occur? Rarely Sometimes Always

Other concern(s)/ Dealer comments
