



Diagnostic Assistance

DEALER NAME _____ CODE _____

REPAIR ORDER # _____





VIN _____

DATE _____

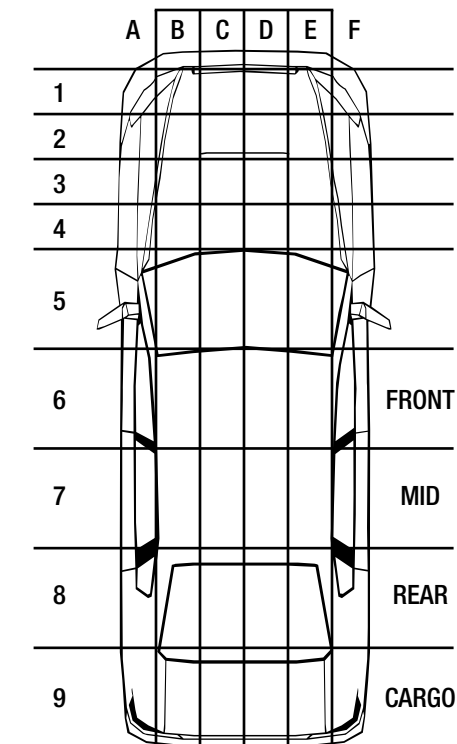
SPECIFIC SENSE IDENTIFICATION AND LOCATION ON VEHICLE OF CUSTOMER SYMPTOM(S)

INSTRUCTIONS: 1. Using the diagrams below, please indicate which of the four senses (sight, hearing, etc) are affected as well as the affected area on the vehicle (please darken the affected area).
2. Please circle all applicable answers on the right.

NOTE: The shaded areas on the form to the right are conditions that require greater attention. Repairs will be more difficult and may take longer if two or more darkened sections are chosen. In general, the darkened sections indicate conditions that are very difficult to diagnose. In such cases please make sure you fill in all columns to assist us as much as possible in our diagnosis.

	SEE YES <input type="checkbox"/>		FEEL YES <input type="checkbox"/>
	HEAR YES <input type="checkbox"/>		SMELL YES <input type="checkbox"/>

VEHICLE SYMPTOM AREA	HOW OFTEN	VEHICLE OPERATING MODE	VEHICLE CONDITIONS	VEHICLE SPEED (KPH)	WHEN VEHICLE IS?	AMBIENT CONDITIONS
Front of vehicle	Always	Start up	Accessories ON (define below)	0	Turning left	_____ Below -20°C
Engine compartment	Daily <input type="checkbox"/> AM <input type="checkbox"/> PM	Idle		1-19	Turning right	-20°C to -11°C
Dash	Conditional	Gear selection	Windows open	20-39	Over bumps	-10°C to 0°C
Steering wheel	Weekly	Accel. light	Towing	40-59	Up hill	1°C to 10°C
Accelerator pedal	Monthly	Accel. moderate	Snow plowing	60-79	Down hill	11°C to 20°C
Brake pedal	Intermediate	Accel. heavy	Other (define below)	80-99	Upshifting	21°C to 30°C
Clutch pedal	Unknown	Steady speed		100-119	Downshifting	30°C +
Shift lever/knob		Deceleration		120 +	Parked	Sunny
Seat		Braking soft			In traffic	Dry
Rear of vehicle		Braking normal	ROAD SURFACE	ENGINE TEMP.		Windy
Top of vehicle		Braking hard				Wet/humid
Floor pan		Neutral	Smooth paved	Cold		Rain
Under vehicle		Reverse	Rough paved	Normal		Snow
Other (define below)		Other (define below)	Bumpy	Hot		Ice
			Wet			Other (define below)



DEALER VERIFICATION			CUSTOMER'S DESCRIPTION OF CONDITION
	YES	NO	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
_____ SERVICE ADVISOR	<input type="checkbox"/>	<input type="checkbox"/>	
_____ SHOP FOREMAN	<input type="checkbox"/>	<input type="checkbox"/>	
_____ SERVICE MANAGER/QC MANAGER	<input type="checkbox"/>	<input type="checkbox"/>	
_____ TECHNICIAN	<input type="checkbox"/>	<input type="checkbox"/>	
_____ VERIFIED WITH CUSTOMER	<input type="checkbox"/>	<input type="checkbox"/>	