05IX8–01

CUSTOMER PROBLEM ANALYSIS CHECK

Supplemental Restraint System Check Sheet

Inspector's Name _____

Customer's Name		VIN	
		Production Date	
		Licence Plate No.	
Date Vehicle Brought In		Odometer Reading	km Miles

Date Problem Occurred	
Weather	☐ Fine ☐ Cloudy ☐ Rainy ☐ Snowy ☐ Other
Temperature	Approx.

Vehicle Operation	☐ Starting ☐ Idling ☐ Driving [☐ Constant speed ☐ Acceleration ☐ Deceleration ☐ Other]
Road Condition	
Details of Problem	

Vehicle Inspection, and Repair History Prior to Occurrence of Malfunction (Including Supplemental Restraint System)	

Diagnostic System Inspection

SRS Warning Light Inspection	1st Time	☐ Remains on ☐ Sometimes comes on ☐ Does not come on
	2nd Time	☐ Remains on ☐ Sometimes comes on ☐ Does not come on
DTC Inspection	1st Time	☐ Normal System Code ☐ Trouble Code [Code.]
	2nd Time	☐ Normal System Code ☐ Trouble Code [Code.]