

CUSTOMER PROBLEM ANALYSIS CHECK

CAN Communication 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 First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (times a day)

DTC Check	1st Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code (Code _____)
	2nd Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code (Code _____)