

CUSTOMER PROBLEM ANALYSIS CHECK

RBS Check Sheet

Inspector's :
Name _____

Customer's Name		Registration No.	
		Registration Year	/ /
		Frame No.	
Date Vehicle Brought In	/ /	Odometer Reading	km miles

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuously <input type="checkbox"/> Intermittently (times a day)

Symptoms	<input type="checkbox"/> RBS does not operate	
	System Check Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up
	Brake Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up

Check Item	ABS Warning Light	<input type="checkbox"/> Normal <input type="checkbox"/> Malfunction Code (Code)
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DTC Check	1st Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code)
	2nd Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code)