DI03U–12

CUSTOMER PROBLEM ANALYSIS CHECK

ABS Check Sheet

Inspector's Name :

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	☐ Continuously ☐ Intermittently (times a day)

Symptoms	☐ ABS does not operate.		
	☐ ABS does not operate efficiently.		
	ABS Warning Light Abnormal	☐ Remains ON	☐ Does not Light Up
	BRAKE Warning Light Abnormal (PKB released)	☐ Remains ON	☐ Does not Light Up
	BRAKE Warning Buzzer Abnormal	☐ Sounds	☐ Does not sound

DTC Check	**1st Time**	☐ Normal Code	☐ Malfunction Code (Code)
	2nd Time	☐ Normal Code	☐ Malfunction Code (Code)