

# CUSTOMER PROBLEM ANALYSIS CHECK

Transmission Control System Check Sheet

Inspector's Name \_\_\_\_\_ :

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

Date Problem Occurred	/ /
How Often Does Problem Occur?	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (      times a day)

Symptoms	<input type="checkbox"/> Vehicle does not move ( <input type="checkbox"/> Any position <input type="checkbox"/> Particular position )
	<input type="checkbox"/> No up-shift    ( <input type="checkbox"/> 1st → 2nd <input type="checkbox"/> 2nd → 3rd <input type="checkbox"/> 3rd → O/D )
	<input type="checkbox"/> No down-shift ( <input type="checkbox"/> O/D → 3rd <input type="checkbox"/> 3rd → 2nd <input type="checkbox"/> 2nd → 1st )
	<input type="checkbox"/> Lock-up malfunction
	<input type="checkbox"/> Shift point too high or too low
	<input type="checkbox"/> Harsh engagement ( <input type="checkbox"/> N → D <input type="checkbox"/> Lock-up <input type="checkbox"/> Any drive position )
	<input type="checkbox"/> Slip or shudder
	<input type="checkbox"/> No kick-down
	<input type="checkbox"/> Others ( _____ )

Check Item	Malfunction Indicator Lamp	<input type="checkbox"/> Normal	<input type="checkbox"/> Remains ON
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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      )