

# CUSTOMER PROBLEM ANALYSIS CHECK

**CAN Communication System Check Sheet**

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

Customer's Name	_____	VIN	_____
		Production Date	/    /
		Licence 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)

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 _____)