05257–10

CUSTOMER PROBLEM ANALYSIS CHECK

Supplemental Restraint System Check Sheet

Inspector's Name _____

Customer's Name		**VIN**	
		Production Date	
		Licence No.	
Date Vehicle Brought In		**Odometer Reading**	**km Miles**

Date Problem Occurred	
Weather	☐ **Fine** ☐ **Cloudy** ☐ **Rainy** ☐ **Snowy** ☐ **Other**
Temperature	**Approx.**

Vehicle Operation	☐ **Starting** ☐ **Idling** ☐ **Driving [** ☐ **Constant speed** ☐ **Acceleration** ☐ **Deceleration** ☐ **Other]**
Road Condition	
Details of Problem	

Vehicle Inspection, and Repair History Prior to Occurrence of Malfunction (Including Supplemental Restraint System)	

Diagnostic System Inspection

SRS Warning Light Inspection	**1st Time**	☐ **Remains ON** ☐ **Sometimes Comes on** ☐ **Does Not Come on**
	2nd Time	☐ **Remains ON** ☐ **Sometimes Comes on** ☐ **Does Not Come on**
DTC Inspection	**1st Time**	☐ **Normal System Code** ☐ **Trouble Code [Code.]**
	2nd Time	☐ **Normal System Code** ☐ **Trouble Code [Code.]**

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