

CHECK LIST FOR INTERVIEW

Airbag System (DIAGNOSTICS)

2. Check List for Interview S002502

A: CHECK S002502A04

Customer's Name		Inspector's Name	
Date Vehicle Brought In	/ /	Registration No.	
Odometer Reading	Km Miles	Vin No.	
Date Problem Occurred	/ /	Registration Year	/ /
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Other:		
Temperature	°C (°F)		
Road Condition	<input type="checkbox"/> Level road <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Rough road <input type="checkbox"/> Others:		
Vehicle Operation	<input type="checkbox"/> Starting <input type="checkbox"/> Idling <input type="checkbox"/> Driving (<input type="checkbox"/> Constant Speed <input type="checkbox"/> Acceleration <input type="checkbox"/> Deceleration <input type="checkbox"/> Steering wheel turn <input type="checkbox"/> Other:)		
Details of Problem			
Check Airbag Warning Light	<input type="checkbox"/> Remains ON <input type="checkbox"/> Remains OFF		
Check DTC	<input type="checkbox"/> Normal Code <input type="checkbox"/> Trouble Code: (Code:)		