

# Check List for Interview

ENGINE (DIAGNOSTICS)

## 2. Check List for Interview

### A: CHECK

#### 1. CHECK LIST No. 1

Check the following item when problem has occurred.

NOTE:

Use copies of this page for interviewing customers.

|                         |   |                  |   |
|-------------------------|---|------------------|---|
| Customer's name         |   | Engine No.       |   |
| Date of sale            |   | Fuel brand       |   |
| Date of repair          |   | Odometer reading | km  |
| V.I.N.                  |   |                  | miles   |
| Weather                 | <input type="checkbox"/> Fine<br><input type="checkbox"/> Cloudy<br><input type="checkbox"/> Rainy<br><input type="checkbox"/> Snowy<br><input type="checkbox"/> Various/Others:  |                  |   |
| Ambient air temperature | °C (°F)   |                  |   |
|                         | <input type="checkbox"/> Hot<br><input type="checkbox"/> Warm<br><input type="checkbox"/> Cool<br><input type="checkbox"/> Cold   |                  |   |
| Place                   | <input type="checkbox"/> Highway<br><input type="checkbox"/> Suburbs<br><input type="checkbox"/> Inner city<br><input type="checkbox"/> Uphill<br><input type="checkbox"/> Downhill<br><input type="checkbox"/> Rough road<br><input type="checkbox"/> Others:  |                  |   |
|                         | <input type="checkbox"/> Cold<br><input type="checkbox"/> Warming-up<br><input type="checkbox"/> After warming-up<br><input type="checkbox"/> Any temperature<br><input type="checkbox"/> Others:   |                  |   |
| Engine speed            | rpm   |                  |   |
| Vehicle speed           | km/h (MPH)  |                  |   |
| Driving conditions      | <input type="checkbox"/> Not affected<br><input type="checkbox"/> At starting<br><input type="checkbox"/> While idling<br><input type="checkbox"/> At racing<br><input type="checkbox"/> While accelerating<br><input type="checkbox"/> While cruising<br><input type="checkbox"/> While decelerating<br><input type="checkbox"/> While turning (RH/LH) |                  |   |
|                         |   |                  |   |
| Headlight               | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF   | Rear defogger    | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF |
| Blower                  | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF   | Audio            | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF |
| A/C compressor          | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF   | Car phone        | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF |
| Radiator fan            | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF   |                  |   |
| Front wiper             | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF   |                  |   |
| Rear wiper              | <input type="checkbox"/> ON/ <input type="checkbox"/> OFF   |                  |   |

# Check List for Interview

## ENGINE (DIAGNOSTICS)

### 2. CHECK LIST No. 2

Check the following item about the vehicle's state when malfunction indicator light turns on.

#### NOTE:

Use copies of this page for interviewing customers.

|   |
|---|
| a) Other warning lights or indicators turn on. <input type="checkbox"/> Yes / <input type="checkbox"/> No   |
| <input type="checkbox"/> Low fuel warning light<br><input type="checkbox"/> Charge indicator light<br><input type="checkbox"/> AT diagnostic indicator light<br><input type="checkbox"/> ABS warning light<br><input type="checkbox"/> Oil pressure indicator light   |
| b) Fuel level   |
| • Lack of gasoline: <input type="checkbox"/> Yes / <input type="checkbox"/> No<br>• Indicator position of fuel gauge:<br>• Experienced running out of fuel: <input type="checkbox"/> Yes / <input type="checkbox"/> No  |
| c) Intentional connecting or disconnecting of harness connectors or spark plug cords: <input type="checkbox"/> Yes / <input type="checkbox"/> No  |
| • What:   |
| d) Intentional connecting or disconnecting of hoses: <input type="checkbox"/> Yes / <input type="checkbox"/> No   |
| • What:   |
| e) Installing of other parts except genuine parts: <input type="checkbox"/> Yes / <input type="checkbox"/> No   |
| • What:<br>• Where:   |
| f) Occurrence of noise: <input type="checkbox"/> Yes / <input type="checkbox"/> No  |
| • From where:<br>• What kind:   |
| g) Occurrence of smell: <input type="checkbox"/> Yes / <input type="checkbox"/> No  |
| • From where:<br>• What kind:   |
| h) Intrusion of water into engine compartment or passenger compartment: <input type="checkbox"/> Yes / <input type="checkbox"/> No  |
| i) Troubles occurred  |
| <input type="checkbox"/> Engine does not start.<br><input type="checkbox"/> Engine stalls during idling.<br><input type="checkbox"/> Engine stalls while driving.<br><input type="checkbox"/> Engine speed decreases.<br><input type="checkbox"/> Engine speed does not decrease.<br><input type="checkbox"/> Rough idling<br><input type="checkbox"/> Poor acceleration<br><input type="checkbox"/> Back fire<br><input type="checkbox"/> After fire<br><input type="checkbox"/> Does not shift.<br><input type="checkbox"/> Excessive shift shock |