

CUSTOMER FAULT CONDITIONS QUESTIONNAIRE: Date _____

Name: _____ Contact Tel; No _____ mobile _____

Vehicle: Make \ Model: _____ email _____

Please complete the following survey to help your technician understand the symptoms, and the conditions under which they occur. Return the completed survey to the service advisor.

DESCRIBE THE FAULT:

FAULT CONDITIONS:

Your technician can only repair your vehicle if they can reproduce the fault. Please answer the appropriate conditions tick boxes below to help diagnose your fault:

<p><u>Starting Faults:</u></p> <p><input type="checkbox"/> Starts & stalls <input type="checkbox"/> Extended cranking <input type="checkbox"/> Non start cranks OK <input type="checkbox"/> will not crank</p> <p><u>Idle Faults:</u></p> <p><input type="checkbox"/> Rough idle <input type="checkbox"/> High idle <input type="checkbox"/> Low idle <input type="checkbox"/> Stalling</p> <p><u>Performance Faults:</u></p> <p><input type="checkbox"/> Low power <input type="checkbox"/> Hesitation <input type="checkbox"/> Misfiring <input type="checkbox"/> Surging</p> <p><u>Other Faults:</u></p> <p><input type="checkbox"/> Poor mileage \ mpg <input type="checkbox"/> Pinking <input type="checkbox"/> Exhaust smoke <input type="checkbox"/> Engine noise</p> <p><u>Engine Temperature</u></p> <p><input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Hot restart <input type="checkbox"/> All</p>	<p><u>Frequency:</u></p> <p><input type="checkbox"/> Random <input type="checkbox"/> Time from start _____ <input type="checkbox"/> Dist. from start _____ <input type="checkbox"/> After fill-up</p> <p><u>Duration:</u></p> <p><input type="checkbox"/> Random <input type="checkbox"/> Always <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Other _____</p> <p><u>Ambient Conditions</u></p> <p><input type="checkbox"/> Any <input type="checkbox"/> Cold <input type="checkbox"/> Warm up <input type="checkbox"/> Hot <input type="checkbox"/> Dry <input type="checkbox"/> Humid <input type="checkbox"/> Wet roads <input type="checkbox"/> Raining</p> <p><u>Warning lights</u></p> <p><input type="checkbox"/> EML on (engine warning light) <input type="checkbox"/> ABS Light on <input type="checkbox"/> SRS Light on</p>	<p><u>Driving Conditions</u></p> <p><input type="checkbox"/> Main Road <input type="checkbox"/> City <input type="checkbox"/> Speed _____ <input type="checkbox"/> Light throttle <input type="checkbox"/> Moderate throttle <input type="checkbox"/> Heavy throttle <input type="checkbox"/> Accelerating <input type="checkbox"/> Steady speed <input type="checkbox"/> Deceleration <input type="checkbox"/> Bumpy roads <input type="checkbox"/> Turning <input type="checkbox"/> Braking <input type="checkbox"/> Changing Gear <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill</p> <p><u>Other Variables</u></p> <p><input type="checkbox"/> When Towing</p> <p>Fuel type: _____ Selected gear _____</p>
--	--	--

Please list any previous repairs that have been carried out to try and resolve your problems, the more information we have the quicker and cheaper we can repair your vehicle.

Signed

Print

