

Customer Problem Analysis Check Sheet

SRS AIRBAG System Check Sheet

Inspector's Name : _____

Customer's Name		Registration No.	
		Registration Year	/ /
		Frame No.	
Date Vehicle Brought In	/ /	Odometer Reading	Miles

Date of Problem Occurrence		/ /
Conditions at Time of Problem Occurrence	Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Other
	Outdoor Temperature	<input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold (Approx. °C (°F))
	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"/> Other ()
	Condition of road	

Details of Problem	
Vehicle Inspection, Repair History Prior to Occurrence of Malfunction (Including Airbag System)	

(Diagnosis System Inspection)

Airbag Warning Light Inspection	1st Time	<input type="checkbox"/> Remains On <input type="checkbox"/> Sometimes Lights Up <input type="checkbox"/> Does Not Light Up
	2nd Time	<input type="checkbox"/> Remains On <input type="checkbox"/> Sometimes Lights Up <input type="checkbox"/> Does Not Light Up
Diagnostic Code Inspection	1st Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code [Code.]
	2nd Time	<input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code [Code.]