

# RECEPTION DIAGNOSIS CHECK SHEET

DATE:

Customers Name:

Rego Number:

RO Number:

Perform the following checks during Diagnosis Check  
Check off  as it is described and attach to Repair Order

## A. Noise or Vibration

<b>1.</b>	<b>What do you hear?</b>
	<input type="checkbox"/> Boom <input type="checkbox"/> Click <input type="checkbox"/> Grind <input type="checkbox"/> Hiss <input type="checkbox"/> Knock <input type="checkbox"/> Rattle <input type="checkbox"/> Rumble <input type="checkbox"/> Squeak <input type="checkbox"/> Whistle <input type="checkbox"/> Other
<b>2.</b>	<b>What do you feel?</b>
	<input type="checkbox"/> Vibration <input type="checkbox"/> Shimmy <input type="checkbox"/> Bottoming
<b>3.</b>	<b>Where does the problem occur?</b>
	<input type="checkbox"/> Inside the vehicle <input type="checkbox"/> Front of the vehicle <input type="checkbox"/> Rear of the vehicle <input type="checkbox"/> Engine compartment <input type="checkbox"/> Right side of the vehicle <input type="checkbox"/> Left side of the vehicle <input type="checkbox"/> Under the vehicle <input type="checkbox"/> Other
<b>4.</b>	<b>Under what conditions does the problem occur?</b>
	<input type="checkbox"/> On rough road <input type="checkbox"/> During acceleration <input type="checkbox"/> When turning <input type="checkbox"/> On paved road <input type="checkbox"/> During acceleration <input type="checkbox"/> At _____ kms
<b>5.</b>	<b>How often does the problem occur?</b>
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely When _____ How long has the problem been occurring? _____

## B. Drive Ability

<b>1.</b>	<b>What is occurring?</b>
	<input type="checkbox"/> Engine is hard to start <input type="checkbox"/> Engine starts but dies <input type="checkbox"/> Engine stalls while driving <input type="checkbox"/> Engine hesitates or flat spots <input type="checkbox"/> Engine backfire/Popping <input type="checkbox"/> Engine Knocks <input type="checkbox"/> Other _____
<b>2.</b>	<b>How often does it occur?</b>
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely When _____ How long has the problem been occurring? _____
<b>3.</b>	<b>At what engine temperature does it occur?</b>
	<input type="checkbox"/> All temperatures <input type="checkbox"/> Cold <input type="checkbox"/> During warm-up <input type="checkbox"/> Normal Operating temp <input type="checkbox"/> Hot <input type="checkbox"/> When _____
<b>4.</b>	<b>Under what conditions does the problem occur?</b>
	<input type="checkbox"/> Accelerating from stop <input type="checkbox"/> Cruising at constant speed <input type="checkbox"/> Accelerating at speed <input type="checkbox"/> Deceleration <input type="checkbox"/> At _____ kms <input type="checkbox"/> When _____

## C. Others

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