

# CUSTOMER PROBLEM ANALYSIS CHECK

## EHPS Check Sheet

 Inspector's  
Name : \_\_\_\_\_

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

Date Problem First Occurred	/ /
Frequency Problem Occurs	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (    times a day )

Symptoms	<input type="checkbox"/> P/S does not operate.	
	<input type="checkbox"/> P/S does not operate efficiently.	
	<input type="checkbox"/> At the time of idling, steering control force is great. (Rest swing is heavy).	
	<input type="checkbox"/> Even if the vehicle speed is increased, steering effort does not become greater.	
	P/S Warning Light Abnormal	<input type="checkbox"/> Remains ON <input type="checkbox"/> Does not Light Up

DTC Check	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    )