

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)