

Diagnosis Check Sheet



Date: Repair Order / Job Card Taken By

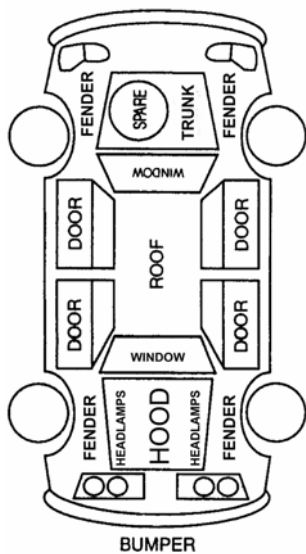
Brief Description (e.g. Rattle, Water Leak, Vibration etc.) Repeat Repair Yes No

Warning Indicators

<input type="checkbox"/> ON <input type="checkbox"/> FLASH	<input type="checkbox"/> ON <input type="checkbox"/> FLASH	<input type="checkbox"/> ON <input type="checkbox"/> FLASH	<input type="checkbox"/> ON <input type="checkbox"/> FLASH	<input type="checkbox"/> ON <input type="checkbox"/> FLASH	<input type="checkbox"/> ON <input type="checkbox"/> FLASH	<input type="checkbox"/> ON <input type="checkbox"/> FLASH
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Message Centre (Complete as required)

Area of Concern



Additional Detail (fault description, location, etc):





Additional Detail

Detail of when the vehicle fault is most apparent. Please complete those applicable and those known.

1	Engine Condition	<input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Warm
2	Does the fault occur after a certain time from cold? If Yes, how long	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
3	Does temperature play a part in the fault occurring? If Yes, temperature inside temperature outside	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/>
4	Do driving conditions play a part in the fault occurring?	<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center;"> Uphill <input type="checkbox"/> Yes</div> <div style="text-align: center;"> Downhill <input type="checkbox"/> Yes</div> <div style="text-align: center;"> Right Bend <input type="checkbox"/> Yes</div> <div style="text-align: center;"> Left Bend <input type="checkbox"/> Yes</div> <div style="text-align: center;"> Slow Traffic <input type="checkbox"/> Yes</div> <div style="text-align: center;"> Towing <input type="checkbox"/> Yes</div> <div style="text-align: center;"> Braking <input type="checkbox"/> Yes</div> <div style="text-align: center;"><input type="text"/> Other <input type="checkbox"/> Yes</div> </div>
5	Does speed play a part in the fault occurring?	<input type="checkbox"/> Yes, between <input type="text"/> & <input type="text"/> <input type="checkbox"/> No, fault occurs at any speed
6	Does the gear selection play a part in the fault occurring?	Manual: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> Reverse <input type="checkbox"/> All Gears Automatic: <input type="checkbox"/> Park <input type="checkbox"/> Reverse <input type="checkbox"/> Drive <input type="checkbox"/> Neutral <input type="checkbox"/> Other <input type="text"/>
7	Do the road conditions play a part in the fault occurring?	<input type="checkbox"/> Smooth <input type="checkbox"/> Off Road <input type="checkbox"/> Pot Hole <input type="checkbox"/> Rough <input type="checkbox"/> Any
8	When was the fault first apparent?	Suddenly at <input type="text"/> mileage / km <input type="checkbox"/> Yes Gradually from <input type="text"/> mileage / km <input type="checkbox"/> Yes Since New <input type="checkbox"/> Yes
9	Frequency of concern	<input type="checkbox"/> rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Always
10	Any additional information that could help with diagnosis?	<input type="text"/>

Water Leaks

1	When does the leak occur?	<input type="checkbox"/> During Rainfall <input type="checkbox"/> After Rainfall <input type="checkbox"/> Washing Vehicle <input type="checkbox"/> Light Rain <input type="checkbox"/> Heavy Rain
2	What position is the vehicle in when the leak is most noticeable?	<input type="checkbox"/> Level <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Incline to right <input type="checkbox"/> Incline to left <input type="checkbox"/> All <input type="checkbox"/> Other <input type="text"/>

