

Check List for Interview

BODY CONTROL SYSTEM (DIAGNOSTICS)

2. Check List for Interview

A: CHECK

Inspect the following items regarding the vehicle's state.

| | | | |
|--|-----------|---------------------------------|---|
| Body Control System Check List for Interview | | Date of Vehicle Bring-in | Year Month Day |
| Customer's name | | Registration No. | Initial year of registration Year Month Date |
| | | Vehicle model | Frame number |
| Interviewer | Inspector | Engine type | Odometer reading |
| Customer specified content | | | |
| Date and time when the trouble occurred | | Frequency of trouble occurrence | |
| Condition of trouble occurrence | | Weather | |
| Road conditions | | Occurrence location | |
| Accessory installation condition | | | |
| Trouble condition | | | |
| <input type="checkbox"/> Diagnostic code | | | <input type="checkbox"/> () |