

- Office Use Only -

Workshop:		Date:
Customers name:		Rego:
Vehicle make/model:		Auto/Manual:
VIN:	Engine:	Kms:

- Customer to Complete -

This check sheet is to assist your qualified technician/mechanic with the diagnostics of your diesel vehicle. This is a valuable tool used to improve the efficiency in diagnosing diesel faults and issues. To assist with the diagnostics, we would like to collect as much information as possible. Please complete the entire sheet over 7 days, beginning Monday and finishing Sunday, then submit to the workshop staff.

When the fault is occurring?

Day of the week:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Time of the day:

- Morning
 Midday
 Afternoon / Evening

Climate or weather conditions:

- Cold
 Warm
 Humid
 Wet
 Dry

What action is being carried out on the vehicle:

- | | | |
|---|--|---|
| <input type="checkbox"/> Starting / turning of engine | <input type="checkbox"/> Part throttle | <input type="checkbox"/> Turning engine off |
| <input type="checkbox"/> Idle | <input type="checkbox"/> High revs | <input type="checkbox"/> Under load / towing |
| <input type="checkbox"/> Coasting / cruising | <input type="checkbox"/> Up a hill | <input type="checkbox"/> Backing off throttle |
| <input type="checkbox"/> Turning Left corners | <input type="checkbox"/> Turning Right corners | <input type="checkbox"/> Braking |

Engine temperature:

- | | |
|--|---|
| <input type="checkbox"/> Cold - engine not run for more than 6 hours | <input type="checkbox"/> Warm/cooling down - engine not run in past hour |
| <input type="checkbox"/> Warm - engine not run in the last ½ hour | <input type="checkbox"/> Warm/hot - engine not run in the last 20 minutes |
| <input type="checkbox"/> Hot - engine switched off for < 10 minutes | |

Vehicle feels like:

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Surging / jerking | <input type="checkbox"/> Misfire | <input type="checkbox"/> Unstable idle |
| <input type="checkbox"/> Running rough | Other: | |

Sound:

- | | | |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Rattle / clacker | <input type="checkbox"/> Knocking | <input type="checkbox"/> Banging |
| <input type="checkbox"/> Whooshing | <input type="checkbox"/> Hissing | <input type="checkbox"/> Whistle |

Other:

Smoke colour:

Blue

Black

White

What position is the vehicle at the time of the fault:

Uphill – engine facing upwards

Downhill – engine facing downwards

Flat / Even

What is your fuel level at the time of the fault:

Full

Less than ½

Less than ¼

What date / day did you last fill up with diesel and where from?

Further comments, information or relevant history of vehicle:
