

- Office Use Only -

Workshop:		Date:
Customer's name:		Rego:
Vehicle make/model:		Auto/Manual:
VIN:	Engine:	Kms:
When was vehicle last serviced?	Date:	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:

- Starting / turning of engine
 Part throttle
 Turning engine off
 Changing gears up
 Idle
 High revs
 Under load / towing
 Changing gears down
 Coasting / cruising
 Up a hill
 Backing off throttle
 Turn Left corners
 Turn Right corners
 Braking

Engine temperature:

- Cold - engine turned off not running for more than 6 hours
 Warm - engine not run in the last ½ hour
 Warm/cooling down - engine not run in past hour
 Warm/hot - engine not run in the last 20 minutes
 Hot - engine running for more than 1 hour & switched off for < 10 minutes

Vehicle feels like:

- Surging / jerking
 Misfire
 Unstable idle
 Running rough
 Other:

Sound:

- Rattle / clacker
 Knocking
 Banging
 Whooshing
 Hissing
 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 $\frac{1}{2}$

Less than $\frac{1}{4}$

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

Further comments, information or relevant history of vehicle:
