

CUSTOMER FIELD REPORT

- Office Use Only -								
Workshop:						Date:		
Customer's name:						Rego:		
Vehicle make/model:					Auto/M	anual:		
VIN:		Engine:			Kms:			
When was vehicle last service	ed?	Date:			Kms:			
- Customer to Complete This check sheet is to assist you valuable tool used to improve t would like to collect as much in Monday and finishing Sunday, to	ır qualifi he effici formati	iency in diagno on as possible.	sing di Please	iesel e con	faults and issumplete the ent	ies. To as	sist with the diagnosti	cs, we
When the fault is occurring? Day of the week:								
☐ Monday ☐ Tuesday	□ Wed	dnesday \square	Thurs	day	☐ Friday	☐ Satu	ırday 🗆 Sunday	
Time of the day: ☐ Morning	☐ Mid	lday			☐ Afternoon	/ Evening	5	
Climate or weather conditions ☐ Cold ☐ Warm	: Hun	nid □ W	et		□ Dry			
What action is being carried ou	ut on the	e vehicle:						
☐ Starting / turning of engine☐ Idle☐ Coasting / cruising☐ Turn Left corners	□ Part throttle□ High revs□ Up a hill□ Turn Right corners			☐ Turning engine off☐ Under load / towin☐ Backing off throttle☐ Braking		g	☐ Changing gears up☐ Changing gears do	
Engine temperature: ☐ Cold - engine turned off not ☐ Warm/cooling down - engin ☐ Hot - engine running for mo	e not ru	n in past hour			\square Warm/hot		run in the last ½ hour not run in the last 20 r	ninutes
Vehicle feels like:			licfiro					
☐ Surging / jerking ☐ Running rough	☐ Misf Other:						☐ Unstable idle	
Sound:								
☐ Rattle / clacker			nocking	3			☐ Banging	
☐ Whooshing Other:		∐ Hi	issing				☐ Whistle	

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 fa	ult:							
□ Full	☐ Less than ½	☐ Less than ¼						
What date / day did you last fill up with die	esel and where from?							
Further comments, information or relevant	history of vehicle:							