

HEATING AND COOLING SYSTEM

Customer Diagnostic Survey Form

CUSTOMER NAME _____ DATE _____

REPAIR ORDER # _____ LICENSE # _____

SERVICE ADVISOR _____ VIN _____

IT HAPPENS WHEN....

UNUSUAL NOISES

Are there any unusual noises? Yes No

If yes, please describe the noise and where it seems to be coming from.

Noise increases with engine speed? Yes No

Noise changes when control lever is moved to change outlet? Yes No

UNUSUAL ODOURS

Are there any unusual odours? Yes No

If yes, please describe. (Ex: Oily, chemical, musty, etc.)

THE PROBLEM STARTED

Suddenly at _____ (odometer)

Gradually at _____ (odometer)

Just started _____ (odometer)

Since the vehicle was new

THE PROBLEM OCCURS...

Rarely

Sometimes

Always

DEFINE THE PROBLEM...

AIR CONDITIONING

Is there any cooling effect? Yes No

If no, how long has the A/C been inoperable? _____ Month(s)

If yes, how long does it take to cool the vehicle? _____ Min/HRs

How many days since the air conditioner was operated? _____ Days

Noise occurs when A/C compressor is on? Yes No

Outlet temperature fluctuates back and forth? Yes No

Cooling effectiveness fades? Yes No

HEATING

Does the heating system work properly? Yes No

Is there any heating effect? Yes No

If yes, how long does it take to warm the vehicle? _____ Min/HRs

Ambient Temperature? (outside) _____ Degrees

AIRFLOW

Can airflow be changed to different outlets? Yes No

If no, which outlet do not work? Center

Left (driver)

Right (passenger)

Floor

Defroster

Does recirculate mode work? Yes No

If no, which does not work? Fresh (outside air)

Recirculate (inside air)

CUSTOMER SIGNATURE _____