

# VIBRATION

## Customer Diagnostic Survey Form

CUSTOMER NAME \_\_\_\_\_ DATE \_\_\_\_\_

REPAIR ORDER # \_\_\_\_\_ LICENSE # \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ VIN \_\_\_\_\_

### IT HAPPENS WHEN....

#### VEHICLE OPERATION

- Light to medium acceleration
- Hard acceleration
- Deceleration (coast in gear)
- Deceleration (coast out of gear)
- Cruising (constant highway speed)
- Braking
- Turning

#### SPEED OF VEHICLE

Describe the speed at which the problem occurs:

Vehicle speed \_\_\_\_\_ (MPH)

Engine Speed

- Idle
- Medium
- High

#### ROAD CONDITIONS

Describe the road conditions on which the problem occurs:

- Paved road (rough)
- Paved road (smooth)
- Wet road
- Going over bumps
- Other \_\_\_\_\_

#### THE PROBLEM STARTED...

- Suddenly at \_\_\_\_\_ (odometer)
- Gradually at \_\_\_\_\_ (odometer)
- Just started \_\_\_\_\_ (odometer)
- Since the vehicle was new
- After abnormal occurrence (i.e. pot hole, curb impact)

#### THE PROBLEM OCCURS...

- Rarely
- Sometimes
- Always

Have the tires ever been balanced?  Yes  No

Were any repairs performed prior to the condition occurring?  Yes  No

### DEFINE THE PROBLEM...

#### VIBRATION

Please check the box that best describes the vibration you "feel."

- Wobble (side to side)
- Shake (usually causes visual movement)
- Pumping feeling (usually very slow movement)
- Harshness (stiffness, loss of ride quality)
- All of the above

Please check the box that best describes where you "feel" the vibration.

- Steering wheel
- Seat
- Floor
- All of the above

If none of the above, please describe where the vibration seems to be coming from.

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CUSTOMER SIGNATURE \_\_\_\_\_

