HEATING AND COOLING SYSTEM

Customer Diagnostic Survey Form

CUSTOMER NAME	DATE
REPAIR ORDER #	
SERVICE ADVISOR	VIN

IT HAPPENS WHEN....

DEFINE THE PROBLEM...

Recirculate (inside air)

UNUSUAL NOISES AIR CONDITIONING Are there any unusual noises? Yes No No Is there any cooling effect? Yes No No If no, how long has the A/C If yes, please describe the noise and where it seems to Month(s) been inoperable? be coming from. If yes, how long does it take to Min/HRs cool the vehicle? How many days since the air Days conditioner was operated? Noise occurs when A/C Yes No compressor is on? Noise increases with engine speed? Yes No No Outlet temperature fluctuates back and forth? Yes No Noise changes when control lever is moved to change outlet? Yes No No Cooling effectiveness fades? Yes No No UNUSUAL ODOURS HEATING Are there any unusual odours? No No Yes Does the heating system work Yes No No If yes, please describe. (Ex: Oily, chemical, musty, etc.) properly? Is there any heating effect? Yes No No If yes, how long does it take to Min/HRs warm the vehicle? Ambient Temperature? (outside) Degrees AIRFLOW THE PROBLEM STARTED Can airflow be changed to different outlets? Yes No No Suddenly at (odometer) Gradually at ____ (odometer) If no, which outlet do not Center work? Just started (odometer) Left (driver) Since the vehicle was new Right (passenger) Floor THE PROBLEM OCCURS... Defroster Rarely Does recirculate mode work? Yes No No Sometimes If no, which does not work? Always Fresh (outside air)

CUSTOMER SIGNATURE

