

DIAGNOSTIC FORM FOR:



AIR CONDITIONING SYSTEM

Customer Name: _____

Date: _____ RO#: _____

Please check all applicable boxes and fully describe the condition that applies to your vehicle.

Describe Your Condition

- It's cold, then hot
- Not enough air flow
- It's just not cold enough
- It's always hot

Does the A/C System keep you cool enough?

- Yes No

Do you have dual zone air?

- Yes No Not Sure

Do all vents blow cold air?

- Yes No Not Sure

Do all vents work properly?

- Yes No Not Sure

Does the A/C system turn on?

- Yes No Not Sure

Does the rear system turn on?

- Yes No Not Sure

Do you hear the fan/blower working?

- Yes No Not Sure

Is the A/C noisy when turned on?

- Yes No Not Sure

Are there dash noises when changing the controls?

- Yes No Not Sure

Does the car stall when you turn the A/C on?

- Yes No Not Sure

Does the car idle funny when you turn on the A/C?

- Yes No Not Sure

Does your car overheat when you turn on the A/C?

- Yes No Not Sure

Do you smell musty or foul odors inside of the vehicle?

- Yes No Not Sure

When was the last time the A/C system was serviced?

- Never 1-3 Years
- 3-6 Months 3+ Years
- 6-12 Months Don't know

Additional Information
