



DIAGNOSTIC FORM FOR:

ELECTRICAL

Customer Name: _____

Date: _____ RO#: _____

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

1. THIS IS THE PROBLEM

What electrical component is being affected?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Have any fuses been replaced lately?

Yes No

If so, which one? _____

Has your vehicle been in an accident?

Yes No

If so, what part was damaged?

Have any accessories been replaced recently?

Please describe _____

Have there been any electrical repairs done in the last month? Yes No

If so, what was repaired? _____

Was the battery replaced recently?

Yes No

What is your radio code? _____

2. IT OCCURS AS FOLLOWS

The problem occurs when the vehicle is:

- At idle
- Light Acceleration
- Medium Acceleration
- Heavy Acceleration
- _____ MPH

The problem happens:

- All the time
- Once a day
- Once a week
- Once a month

When did the problem occur last?

Date: _____

The engine was:

- Cold
- Hot
- Normal operating temperature

The outside temperature was:

- Cold Sunny
- Warm Dry
- Hot Raining
- Other, describe _____

Was the AC on? Yes No

Was the vehicle towed in? Yes No

Additional Information: