



STARTING CONCERNS

Customer Diagnostic Survey Form

**NEED PRIMARY
KEY & REMOTE**

CUSTOMER NAME _____ DATE _____ R/O# _____
 YEAR _____ MAKE _____ MODEL _____ LIC# _____

DEFINE THE CONCERN

all items that apply)

- Engine does not crank
 What sounds are heard?
 Nothing
 Click
 Buzzing
 Grinding
 Other _____
- Cranks but won't start
- Starts but takes a long time
 If yes, how long _____ seconds
- Charging/battery light on (dash)
- Engine stops immediately after starting
- Vehicle Has An Alarm
- Vehicle Has A Remote starter

WHEN THE CONCERN OCCURS

all items that apply)

- Always Sometimes Rarely
- Concern started
 _____ (Date/Miles)
 Since vehicle was new
 Since vehicle was serviced last
- Engine temperature
 Cold Warm Hot
- First thing in morning Yes No
 After parking < 1 hour Yes No
- Has vehicle been sitting for a period of time?
 Yes How long? _____
 No

ADDITIONAL NOTES

CUSTOMER SIGNATURE _____

DIAGNOSTIC WORKSHEET (TECHNICIAN AREA)

= GOOD/PASS

= POOR/FAIL

EXPERIENCED CUSTOMER CONCERN

- | | |
|--|--|
| <p><input type="checkbox"/> Dash lights work</p> <p><input type="checkbox"/> Accessories work</p> <p><input type="checkbox"/> Signal to starter</p> <p><input type="checkbox"/> Engine turns over</p> <p><input type="checkbox"/> Alternator belt _____</p> <p><input type="checkbox"/> Battery fully charged (_____ CCA)</p> | <p><input type="checkbox"/> Alarm light active</p> <p><input type="checkbox"/> Cranks in neutral (auto)</p> <p><input type="checkbox"/> Noises _____</p> <p><input type="checkbox"/> Seatbelts connected</p> <p><input type="checkbox"/> Battery terminals _____</p> |
|--|--|

	BEFORE	AFTER
<input type="checkbox"/> Load test	@ 1/2 CCA _____ TO _____ _____ VOLTS (FOR 15 SEC) MIN 9.6 V	@ 1/2 CCA _____ TO _____ _____ VOLTS (FOR 15 SEC) MIN 9.6 V
<input type="checkbox"/> Power on back of alternator		
<input type="checkbox"/> Alternator output	_____ AMPS @ _____ _____ AMPS @ 12.6 V	_____ AMPS @ _____ _____ AMPS @ 12.6 V
<input type="checkbox"/> Starter draw (hot)	_____ AMPS	_____ AMPS
<input type="checkbox"/> Starter draw (cold)	_____ AMPS	_____ AMPS
	MAX AMPS: 4 CYL-150 6 CYL-200 8 CYL-250	
<input type="checkbox"/> Voltage drop		
Ground to: CHASSIS	_____	_____
ENGINE	_____	_____
Positive to: STARTER	_____	_____
FUSE BLOCK	_____	_____
ALTERNATOR	_____	_____
	MAX ALLOWABLE 0.5 V	

- | | | |
|--|-------------------------------|------------------------------------|
| <input type="checkbox"/> Carb | <input type="checkbox"/> FI | <input type="checkbox"/> Spark |
| <input type="checkbox"/> Fuel Supply | <input type="checkbox"/> Flow | <input type="checkbox"/> _____ PSI |
| <input type="checkbox"/> Injector Pulse | | |
| <input type="checkbox"/> Mechanical Engine Integrity | | |
