

ALIGNMENT DIAGNOSIS
Customer Diagnostic Survey Form

Customer Name _____ Date _____
Repair Order # _____ License # _____
Service Advisor _____ VIN _____

IT HAPPENS WHEN...

THE PROBLEM OCCURS

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

SPEED OF VEHICLE

Describe the speed at which the problem occurs:

Vehicle speed _____ (Km/h)

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)

Have the tires ever been balanced? Yes No

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

DEFINE THE PROBLEM...

ALIGNMENT

Does the vehicle pull / drift? Yes No

Vehicle pulls / drifts left? Yes No

Vehicle pulls / drifts right? Yes No

Please describe how the problem "feels."

Does the vehicle exhibit any noises Yes No
from the front end?

If yes, please also complete the
"Noise Water Leaks" diagnostic Yes No
survey form.

STEERING

Is the steering wheel off-centre
When the vehicle is going straight? Yes No

ACCIDENT DAMAGE

Has the vehicle ever been in an
accident? Yes No

Describe any incident that may be related to the
problem.

When was the vehicle's last
alignment performed? _____ km

THE PROBLEM OCCURS...

Rarely Sometimes Always

Customer Signature _____