

**NOISE AND WATER LEAKS**  
Customer Diagnostic Survey Form

Customer Name \_\_\_\_\_  
Repair Order # \_\_\_\_\_  
Service Advisor \_\_\_\_\_

Date \_\_\_\_\_  
License # \_\_\_\_\_  
VIN \_\_\_\_\_

**DEFINE THE PROBLEM...**

- Noise  
 Water leak  
(Check both if applicable)

**TYPE OF SOUND**

- |            |                              |                             |
|------------|------------------------------|-----------------------------|
| Clicking   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rattle     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Thump      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tinging    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Buzz       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Squeak     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wind Noise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 

**LOCATION OF SOUND**

(describe on reverse if necessary)

- |                |                              |                             |
|----------------|------------------------------|-----------------------------|
| Interior       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exterior       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Front          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rear           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Driver Side    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Passenger Side | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**WATER LEAK**

Please describe the leak(s) and where it seems to be coming from. (use reverse side if necessary)

\_\_\_\_\_

\_\_\_\_\_

**THE PROBLEM OCCURS...**

- Rarely  
 Sometimes  
 Always

**IT OCCURS AS FOLLOWS...**

**WHEN THE PROBLEM OCCURS**

- Light to medium acceleration  
 Hard acceleration  
 Deceleration (foot off accelerator)  
 Cruising (constant highway speed)  
 Braking  
 Turning  
 In reverse  
 First thing in the morning  
 Going over bumps  
 Normal road  
 Rough road  
 Wet Road  
 With vehicle occupants

**WHEN THE WATER LEAK OCCURS**

- On level ground  
 On an incline  
     Forward    Rearward  
 Light Rain  
 Medium Rain  
 Heavy Rain  
 Winter conditions  
 Automatic car wash  
 Power wand wash  
 Hand wash

**SPEED OF VEHICLE**

Describe the speed at which the problem occurs:

- Vehicle speed \_\_\_\_\_ (km/h)  
Engine speed \_\_\_\_\_ (RPM)  
     Idle    Medium  
     High

Engine temp  
     Cold    Warm    Hot

Which accessories are on when noise occurs?

- A/C  
 Stereo  
 Heater

Does any action stop/ change the noise?

\_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_