STARTING CONCERNS
Customer Diagnostic Survey Form

NEED PRIMARY KEY & REMOTE

Customer Name _____ Date _____ R/O# _____
Year _____ Make_____ Model _____ LIC# _____

DEFINE THE CONCERN
(check 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

___ Alarm

___ Remote starter

WHEN THE CONCERN OCCURS
(check all items that apply)

___ Always ___ Sometimes ___ Rarely

Concern started
_____ (Date/kms)

___ 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

DIAGNOSTIC NOTES (TECHNICIAN AREA)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Customer Signature _____