

Electrical Testing Customer Questionnaire

Customer Name _____

Date _____ Job No _____

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 recently?

Yes No

If so which one? _____

Has your vehicle been in an accident?

Yes No

If so what was the damage?

What is your Radio code _____

Have any electrical repairs been carried out recently?

Yes No

If so, what was repaired?

Was the Battery recently replaced?

Yes No

Was the vehicle recovered in

Yes No

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 fault last occur?

Date: _____

The engine was:

- Cold
 Hot
 Normal operating temperature

The outside temperature was:

- Cold Sunny
 Warm Dry
 Hot Wet

Other, describe _____

Was the AC on? Yes No

