

DIAGNOSTIC FORM FOR:

# COOLING/OVERHEATING



Customer Name: \_\_\_\_\_

Date: \_\_\_\_\_ RO#: \_\_\_\_\_

Please check all applicable boxes and fully describe the condition that applies to your vehicle.

## 1. THIS IS THE PROBLEM

- Overheating
- Not warm enough
- Coolant leaking
- Steam from under the hood
- Coolant light goes on and off
- Coolant light on
- Check engine light is on
- Temperature gauge is:
  - Higher than normal
  - Normal
  - Lower than normal
- Other \_\_\_\_\_

## 2. IT OCCURS AS FOLLOWS

- The problem occurs:
- Always
  - Sometimes (once or twice a week)
  - Rarely (once or twice a month)
  - Just started
  - Has happened since the car was new
  - Highway speeds
  - Slow traffic
  - Pulling a trailer
  - Other \_\_\_\_\_

- Heating and AC settings
- AC was on
  - Heater was on
  - AC and Heater were off

- The outside temperature was:
- Cold
  - Warm
  - Hot
  - Humid or raining
  - Other, please describe \_\_\_\_\_

- How long has the problem occurred?
- Just started
  - One week
  - One month
  - Since the car was new

Additional Information