

DIAGNOSTIC FORM FOR:

# ELECTRICAL



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

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

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 lately?

Yes  No

If so, which one? \_\_\_\_\_

Has your vehicle been in an accident?

Yes  No

If so, what part was damaged?  
\_\_\_\_\_

Have any accessories been replaced recently?

Please describe

Have there been any electrical repairs done in the last month?  Yes  No

If so, what was repaired? \_\_\_\_\_  
\_\_\_\_\_

Was the battery replaced recently?

Yes  No

What is your radio code? \_\_\_\_\_

## 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 problem occur last?

Date: \_\_\_\_\_

The engine was:

- Cold
- Hot
- Normal operating temperature

The outside temperature was:

- Cold  Sunny
- Warm  Dry
- Hot  Raining
- Other, describe \_\_\_\_\_

Was the AC on?  Yes  No

Was the vehicle towed in?  Yes  No

Additional Information