

DIAGNOSTIC FORM FOR:

NOISE, VIBRATION OR HARSHNESS



Customer Name: _____

Date: _____ RO#: _____

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

1. THIS IS THE PROBLEM

- Vehicle is making a noise
- The noise sounds like:
 - Bump Clunk
 - Rattle Squeak
 - Boom Drone
 - Whine Growl
 - Other, describe _____

- Vehicle has a vibration
- The vibration might sound like:
 - Buzz Rattle
 - Growl Resonating
 - Other, describe _____

- Vehicle harshness
- The vehicle is:
 - Buzz Hum
 - Growl Boom
 - Drone Other, please describe

2. IT OCCURS AS FOLLOWS

- Heard or felt from _____ part of the car
- Front Right Left
 - Rear Right Left
 - Inside of car Outside of car
 - Under the car

- It occurs at:
- Idle Light Acceleration
 - Medium Acceleration Heavy Acceleration
 - _____ MPH

- It happens:
- All the time
 - Once a day
 - Once a week
 - Once a month
 - The last time the problem occurred _____
 - Other, please describe _____

- The engine was:
- Cold Hot Normal operating temperature

- The outside temperature was:
- Cold Sunny
 - Warm Dry
 - Hot Raining
 - Other, describe _____

- AC on? Yes No
- Towing a trailer? Yes No
- Windows down? Yes No

- Other _____
- Is the problem getting worse? Yes No

Additional Information: