



Service Checklist

Step 1) What is the vehicle concern?					
Fluid leak - Step 2	[O]	Noise - Step 3	[O]	Smells - Step 4	[O]
Handling	[O]	Performance	[O]	Other _____	

Step 2) Color of Fluid?					
Red	[O]	Brown	[O]	Green/Orange/Yellow	[O]
				Black	[O]

Step 3) Where is the noise from?					
Outside vehicle					
Front	[O]	Rear	[O]	Left	[O]
Center	[O]	Underhood	[O]	Right	[O]
Inside vehicle					
Dash	[O]	Frt Doors	[L] [R]	Rr Doors	[L] [R]
Steering wheel	[O]	Floor	[O]	Seat	[O]
				Other _____	

Step 4) What type of odor?					
Describe smell and source.					

Step 5) Happens while?					
At a stop	[O]	While braking	[O]	While shifting	[O]
Turning	[O]	Accelerating	[O]	Decelerating	[O]
Starting	[O]	On rough roads	[O]	Other _____	

Step 6) Happens when?					
Idling	[O]	Cold start	[O]	Warming up	[O]
Hot motor	[O]	Changes with speed ? [Y] [N]			

Step 7) Frequency of occurrence					
Always occurs	[O]				
Intermittant	[O]				
After certain time period		_____ Minutes		_____ Hour(s)	
After certain mileage		_____ Miles			