

DRIVABILITY

Customer Name: _____ Date: _____ RO#: _____

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

1. THIS IS THE PROBLEM

- Hard starting
- Engine cranks
- No crank
- Idle is rough
- Idle is high
- Idle fluctuates
- Engine hesitates or stumbles
- Engine backfires or makes popping noise
- Engine misfires or skips
- Poor MPG
- _____ MPG before _____ MPG now
- Other, please describe _____

2. CHECK ENGINE LIGHT IS ON

- Check engine light is on
- Check engine light was on during the past month
- Check engine light goes on and off

What was the last service performed on the car?

Has the check engine light been on before?

Yes No

If so, when? _____ date

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

Engine temperature

- Cold
- While warming up
- Normal operating temperature
- Hot
- All of the above

Outside temperature was

- Cold
- Warm
- Hot
- Humid or raining
- Other, please describe _____

Driving conditions

- Accelerating
- Hard Medium Light
- Decelerating
- Cruising
- Cornering

Additional Information _____

