



# Vehicle Diagnostics

## Check Form

Customer Name:  Date:

Reg #:  Job #:

Warning Lights Indicated:



Permanent:                 
 Temporary:

Details/Notes/Behaviour: (times of day/cold/hot/when damp/randomly)

Make:  Model:  Year:  Engine Code:

Petrol:  Diesel:  Other:  Manual:  Automatic:  Air Con:

Customers signature:  Date:

Manufacturer Communication Made:  EOBD Communication Made:  Fault Codes Present:

Fault Code Details:

Freeze Frame Data Available:  Live Component Data Checked:

Other Details/Notes:

Action:

Codes Successfully Cleared:  Vehicle Taken on Drive Cycle:  Customer to Drive Vehicle:  Codes Still Clear:

Further Action / Follow up:

Testers Name: