

ALIGNMENT DIAGNOSIS

Customer Diagnostic Survey Form

CUSTOMER NAME _____ DATE _____

REPAIR ORDER # _____ LICENCE # _____

SERVICE ADVISOR _____ VIN _____

IT HAPPENS WHEN....

DEFINE THE PROBLEM...

THE PROBLEM OCCURS

- Light to medium acceleration
- Hard acceleration
- Deceleration (coast in gear)
- Deceleration (coast out of gear)
- Cruising (constant highway speed)
- Braking
- Turning

SPEED OF VEHICLE

Describe the speed at which the problem occurs:

Vehicle speed _____ (Km/h)

Engine Speed

- Idle
- Medium
- High

ROAD CONDITIONS

Describe the road conditions on which the problem occurs:

- Paved road (rough)
- Paved road (smooth)
- Wet road
- Going over bumps
- Other _____

THE PROBLEM STARTED..

- Suddenly at _____ (odometer)
- Gradually at _____ (odometer)
- Just started _____ (odometer)
- Since the vehicle was new
- After abnormal occurrence (i.e. pot hole, curb impact)

Have the tires ever been balanced? Yes No

Were any repairs performed prior to the condition occurring? Yes No

ALIGNMENT

Does the vehicle pull / drift? Yes No

Vehicle pulls / drifts left? Yes No

Vehicle pulls / drifts right? Yes No

Please describe how the problem "feels."

Does the vehicle exhibit any noises from the front end? Yes No

If yes, please also complete the "Noise _Water Leaks" diagnostic survey form. Yes No

STEERING

Is the steering wheel off-centre when the vehicle is going straight? Yes No

ACCIDENT DAMAGE

Has the vehicle ever been in an accident? Yes No

Describe any incident that may be related to the problem.

When was the vehicle's last alignment performed? _____ km

THE PROBLEM OCCURS...

- Rarely
- Sometimes
- Always

CUSTOMER SIGNATURE _____