

AUTOMATIC TRANSMISSION

Customer Diagnostic Survey Form

CUSTOMER NAME _____ DATE _____

REPAIR ORDER # _____ LICENCE # _____

SERVICE ADVISOR _____ VIN _____

IT HAPPENS WHEN....

GEAR SELECTOR

Describe the position of the gear selector (check all that apply)

- P (park)
 R (reverse)
 N (neutral)
 D (drive 1-4 gear)
 D (drive 1-2 gear)
 D1 (drive 1st gear only)

Between what gear position(s) does the problem occur?
(Check all that apply)

- 1 and 2 2 and 3 3 and 4 (overdrive)

THE PROBLEM OCCURS WHEN...

- Light to medium acceleration
 Hard acceleration
 Deceleration (foot off accelerator)
 Braking
 2 WD on
 4 WD on

Engine speed _____ (RPM)

- Idle Medium High

Engine Temperature

- Cold Warm Hot

Outside Temperature

- Cold Warm Hot

How long does the vehicle have to be operating before the condition occurs? _____ Minutes Hours

THE PROBLEM BEGAN OCCURRING...

- Suddenly at _____ (odometer)
 Gradually at _____ (odometer)
 Just started at _____ (odometer)
 Since the vehicle was new

Has the transmission been previously repaired?

- Yes No

DEFINE THE PROBLEM...

TRANSMISSION

Does the transmission/transaxle shift properly?

- Yes No

Describe how the problem "feels." (Check all that apply)

- Slow, mushy or early shift
 Rough, harsh or delayed shift
 Slippage (engine speed increases at initial takeoff or when shifting)
 No upshift
 No downshift
 Will not shift at all

Does the engine start when the selector lever is not in "P" (park) or "N" (neutral)?

- Yes No

THE PROBLEM OCCURS...

- Rarely
 Sometimes
 Always

UNUSUAL NOISES

Are there any unusual noises? Yes No

If yes, please describe the noise and where it seems to be coming from.

SPEED OF VEHICLE

Describe the speed at which the problem occurs:

Vehicle speed _____ (km/h)

Is the vehicle used for towing? Yes No

Size / Wt. of trailer _____

CUSTOMER SIGNATURE _____