VIBRATION
Customer Diagnostic Survey Form

CUSTOMER NAME _____ **DATE** _____

REPAIR ORDER # _____ **LICENCE #** _____

SERVICE ADVISOR _____ **VIN** _____

IT HAPPENS WHEN....

VEHICLE OPERATION

- ☐ 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 occurence (i.e. pot hole, curb impact)

THE PROBLEM OCCURS...

☐ Rarely ☐ Sometimes ☐ Always

Have the tires ever been balanced? ☐ Yes ☐ No

Were any repairs performed prior to the condition occuring? ☐ Yes ☐ No

DEFINE THE PROBLEM...

VIBRATION

Please check the box that best describes the vibration you "feel."

- ☐ Wobble (side to side)
- ☐ Shake (usually causes visual movement)
- ☐ Pumping feeling (usually very slow movement)
- ☐ Harshness (stiffness, loss of ride quality)
- ☐ All of the above

Please check the box that best describes where you "feel" the vibration.

- ☐ Steering wheel
- ☐ Seat
- ☐ Floor
- ☐ All of the above

If none of the above, please describe where the vibration seems to be coming from.

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CUSTOMER SIGNATURE _____