

# Electrical Diagnostic

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_ RO#: \_\_\_\_\_

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

## 1. THIS IS THE PROBLEM

What electrical component is being effected?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Have any fuses been replace recently?

Yes  No

If so, which one? \_\_\_\_\_

Has your vehicle been in an accident?

Yes  No

If so, what part was damaged?  
\_\_\_\_\_

Have any accessories been replaced recently?

Please describe \_\_\_\_\_  
\_\_\_\_\_

Have there been any electrical repairs done in the last month?  Yes  No

If so, what was repaired? \_\_\_\_\_  
\_\_\_\_\_

Was the battery replaced recently?

Yes  No

What is your radio code? \_\_\_\_\_

## 2. IT OCCURS AS FOLLOWS

The problem occurs when the vehicle is

- at idle
- Light Acceleration
- Medium Acceleration
- Heavy Acceleration
- \_\_\_\_\_ MPH

The problem happens

- all the time
- Once a day
- Once a week
- Once a month

When did the problem occur last?

\_\_\_\_\_ date

The engine was

- Cold
- Normal operating temperature
- Hot

The outside temperature was

- Cold  Sunny
- Warm  Dry
- Hot  Raining
- Other, Please describe \_\_\_\_\_

Was the AC on?  Yes  No

Was the vehicle towed in?  Yes  No

Additional Information \_\_\_\_\_

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