

Heating and Air Conditioning Symptom Survey

CUSTOMER NAME		MODEL & YEAR	MILEAGE
Where is the concern located?			
<input type="checkbox"/> Front		<input type="checkbox"/> Driver side	
<input type="checkbox"/> Rear/2nd Row		<input type="checkbox"/> Passenger side	
<input type="checkbox"/> 3rd Row			
What are the symptoms?			
Air Temperature Not As Expected (select one)		<input type="checkbox"/> Poor Airflow	
<input type="checkbox"/> Too cold		<input type="checkbox"/> Uneven/Incorrect Air Distribution	
<input type="checkbox"/> Too hot			
<input type="checkbox"/> Lever/Button/Knob Stuck/Binding		<input type="checkbox"/> Defrosting Issue	
<input type="checkbox"/> Controls not responding		<input type="checkbox"/> Noise	
Which vents are affected?			
<input type="checkbox"/> Face		<input type="checkbox"/> Defrost	
<input type="checkbox"/> Floor			
Which mode is selected?			
<input type="checkbox"/> Face		<input type="checkbox"/> Face/Floor	
<input type="checkbox"/> Floor		<input type="checkbox"/> Fresh	
<input type="checkbox"/> Defrost		<input type="checkbox"/> Recirc/Max A/C	
When does the incident occur?			
<input type="checkbox"/> When the vehicle is not moving (engine is idling)		<input type="checkbox"/> During Cruising	
<input type="checkbox"/> After the vehicle is parked for several hours		<input type="checkbox"/> During Acceleration	
<input type="checkbox"/> During Turning		<input type="checkbox"/> Hard	
<input type="checkbox"/> Other		<input type="checkbox"/> Medium	
		<input type="checkbox"/> Light	
		<input type="checkbox"/> Hard	
		<input type="checkbox"/> Medium	
		<input type="checkbox"/> Light	
What is the temperature setting during concern? (Auto) Driver side _____°F Passenger side _____°F			
(Manual, mark a line on photo) 			
How often does this occur?			
<input type="checkbox"/> Always		<input type="checkbox"/> Sometimes	
<input type="checkbox"/> Rarely			
When did the concern begin?			
<input type="checkbox"/> Ever since the vehicle was new		<input type="checkbox"/> Problem just started	
<input type="checkbox"/> Other			
What are the weather conditions when the concern occurs?			
<input type="checkbox"/> Only on hot days (outside temp) _____°F		<input type="checkbox"/> Only when humid or rainy	
<input type="checkbox"/> Only on cold days (outside temp) _____°F			
<input type="checkbox"/> Other			
What is the engine temperature when the concern occurs?			
<input type="checkbox"/> Cold		<input type="checkbox"/> Warm-up	
<input type="checkbox"/> Normal		<input type="checkbox"/> All the time	
<input type="checkbox"/> Other			
At what vehicle speed does it occur? _____ MPH			
Any other condition when the problem gets worse? Please be specific. _____			
What repairs were completed recently? _____			