

Check List for Interview

AIRBAG SYSTEM (DIAGNOSTICS)

2. Check List for Interview

A: CHECK

Customer's name		Inspector's name	
Date vehicle brought in	/ /	Registration No.	
Odometer reading	km miles	V.I.N.	
Date problem occurred	/ /	Registration year	/ /
Weather	☐ Fine ☐ Cloudy ☐ Rainy ☐ Snowy ☐ Others:		
Temperature	°C (°F)		
Road condition	☐ Flat road ☐ Uphill ☐ Downhill ☐ Gravel road ☐ Others:		
Vehicle operation	☐ Starting ☐ Idling ☐ Driving ☐ Constant speed ☐ Accelerating ☐ Decelerating ☐ Turning ☐ Others:		
Details of problem			
Airbag warning light operation	☐ Normal (After turning the ignition switch to ON, lit for approximately 6 seconds and goes off.) ☐ Remains ON ☐ Remains OFF		
DTC output	☐ OK code ☐ DTC: (Code:)		