

DIAGNOSTIC FORM FOR:



1985 CARLISLE RD. ■ YORK, PA 17408
PH: 717-764-7770 ■ FAX: 717-764-7736

DRIVABILITY

Customer Name: _____

Date: _____ RO#: _____

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

1. THIS IS THE PROBLEM

- Hard starting
 - Engine cranks
 - No crank
- Idle is rough
- Idle is high
- Idle fluctuates
- Engine hesitates or stumbles
- Engine backfires or makes popping noise
- Engine misfires or skips
- Poor MPG
 - _____ MPG before _____ MPG now
- Other, please describe _____

CHECK ENGINE LIGHT IS ON

- Check engine light is on
- Check engine light was on during the past month
- Check engine light goes on and off

What was the last service performed on the car?

Has the check engine light been on before?

- Yes
- No

If so when? (Date) _____

Additional Information:

2. IT OCCURS AS FOLLOWS

- The problem occurs:
- Always
 - Sometimes (once or twice a week)
 - Rarely (once or twice a month)
 - Just started
 - Has happened since the car was new

- Engine temperature:
- Cold
 - While warming up
 - Normal operating temperature
 - Hot
 - All of the above

- The outside temperature was:
- Cold Warm Hot
 - Dry Sunny Raining
 - Other, please describe _____

- Driving conditions:
- Accelerating
 - Hard Medium Light
 - Decelerating
 - Cruising
 - Cornering