

# VEHICLE RECEPTION CHECKLIST



## 0. Reception data

|  |     |  |                              |                               |
|--|-----|--|------------------------------|-------------------------------|
| <b>Date</b><br>(DD/MM/YYYY)              | 0.1 |  | YES                          | NO                            |
| <b>Work Order n.</b>                     | 0.2 | Is the customer the primary user of the vehicle? | <input type="checkbox"/> 0.5 | <input type="checkbox"/> 0.6  |
| <b>VIN</b>                               | 0.3 | Vehicle OFF ROAD due to technical issues?        | <input type="checkbox"/> 0.7 | <input type="checkbox"/> 0.8  |
| <b>Service Advisor</b><br>(Name/SURNAME) | 0.4 | Any relevant service history?                    | <input type="checkbox"/> 0.9 | <input type="checkbox"/> 0.10 |
|  |     | <b>Technician</b><br>(Name/SURNAME)              |                              | 0.11                          |

Notes

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## 1. Complaint type

|  |  |   |   |
|--|--|---|---|
| 1.1 <input type="checkbox"/> NVH: Noise, vibrations, Harshness | 1.4 <input type="checkbox"/> Driving performance       | 1.7 <input type="checkbox"/> Bad odour                        | 1.10 <input type="checkbox"/> Electrical system       |
| 1.2 <input type="checkbox"/> Handling, driveability            | 1.5 <input type="checkbox"/> Visual / Aesthetic damage | 1.8 <input type="checkbox"/> Comfort & functionality          | 1.11 <input type="checkbox"/> Others: (Specify) _____ |
| 1.3 <input type="checkbox"/> Passive safety system             | 1.6 <input type="checkbox"/> Leaking fluid             | 1.9 <input type="checkbox"/> Warning Light ON (Specify) _____ | _____   |

## 2. Customer sensation

|   |  |  |  |
|---|--|--|--|
| 2.1 <input type="checkbox"/> Minor disturbance only | 2.2 <input type="checkbox"/> Annoyance | 2.3 <input type="checkbox"/> Extreme annoyance | 2.4 <input type="checkbox"/> Intolerable |
|---|--|--|--|

## 3. Vehicle conditions

|   |   |   |
|---|---|---|
| <i>The complaint occurs when:</i>                         | <i>When the engine is:</i>                                | <i>When operating the following vehicle system:</i> |
| 3.1 <input type="checkbox"/> Moving                       | 3.13 <input type="checkbox"/> Idling                      | 3.23 (Specify) _____                                |
| 3.2 <input type="checkbox"/> Standing still               | 3.14 <input type="checkbox"/> Hot                         | _____   |
| 3.3 <input type="checkbox"/> Departing                    | 3.15 <input type="checkbox"/> Cold                        | _____   |
| 3.4 <input type="checkbox"/> Braking                      | 3.16 <input type="checkbox"/> Being started               | _____   |
| 3.5 <input type="checkbox"/> Shifting gears               | 3.17 <input type="checkbox"/> Warming up                  | _____   |
| 3.6 <input type="checkbox"/> Accelerating / Decelerating  | 3.18 <input type="checkbox"/> Stopped                     | _____   |
| 3.7 <input type="checkbox"/> Turning left / Turning right | 3.19 <input type="checkbox"/> At _____ rpm                | _____   |
| 3.8 <input type="checkbox"/> Cruising at _____ kph / mph  | 3.20 <input type="checkbox"/> Accelerating / Decelerating | _____   |
| 3.9 <input type="checkbox"/> Driving on rough roads       | 3.21 <input type="checkbox"/> _____                       | _____   |
| 3.10 <input type="checkbox"/> Driving over bumps          | 3.22 <input type="checkbox"/> N/A                         | _____   |
| 3.11 <input type="checkbox"/> _____                       |   |   |
| 3.12 <input type="checkbox"/> N/A                         |   |   |

## 4. Occurring frequency

|  |   |   |
|--|---|---|
| 4.1 <input type="checkbox"/> Always (constant)           | 4.3 <input type="checkbox"/> Daily            | 4.5 <input type="checkbox"/> After driving km / miles / min _____ |
| 4.2 <input type="checkbox"/> Comes & goes (intermittent) | 4.4 <input type="checkbox"/> Weekly / Monthly |   |

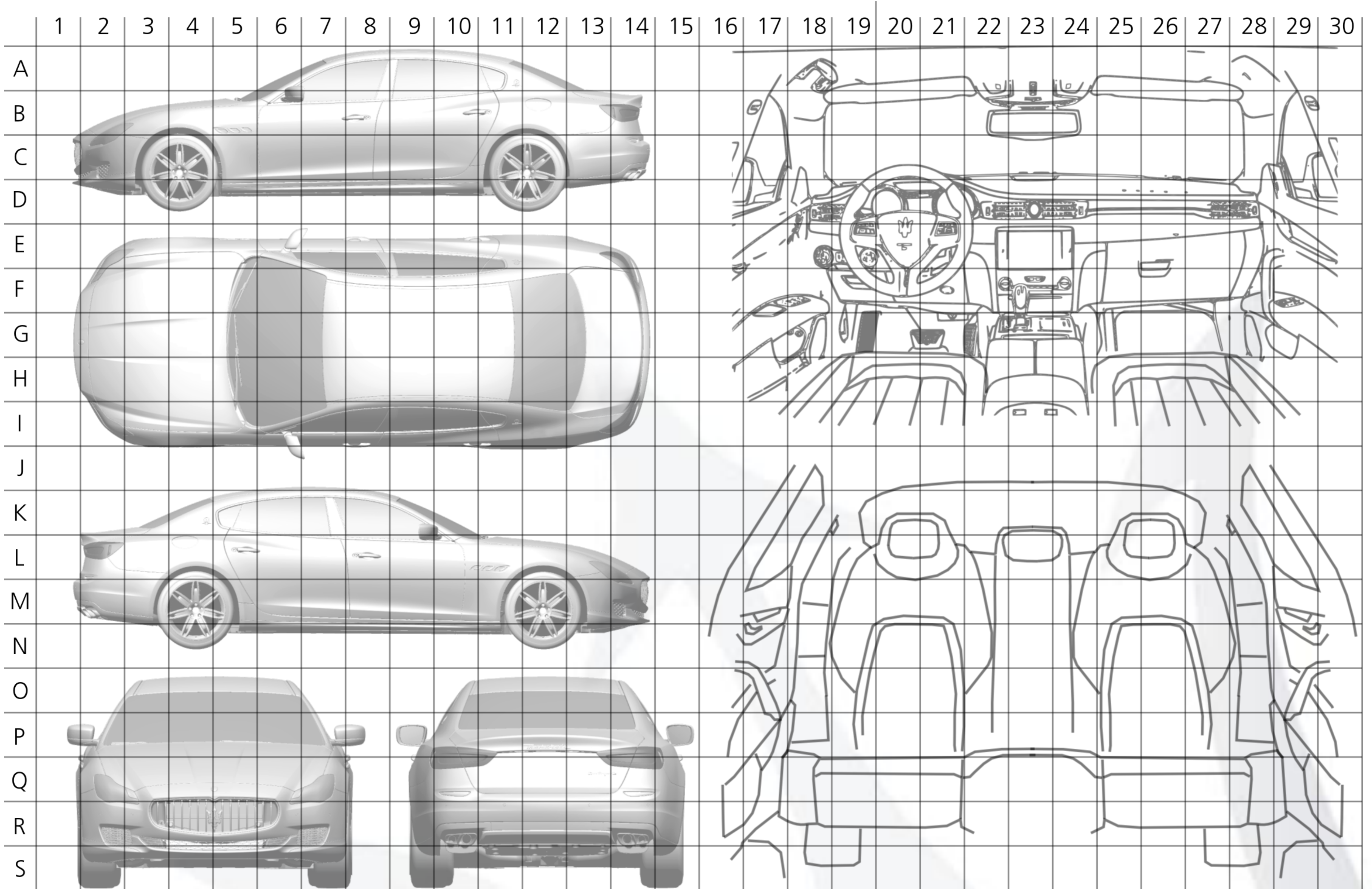
## 5. Weather and ambient conditions

|  |  |  |
|--|--|--|
| 5.1 <input type="checkbox"/> Sunny / Dry     | 5.3 <input type="checkbox"/> Cold              | 5.5 <input type="checkbox"/> Snow / Ice                          |
| 5.2 <input type="checkbox"/> Raining / Humid | 5.4 <input type="checkbox"/> Warm              | 5.6 <input type="checkbox"/> Independent from weather conditions |
| Ambient temperature                          | 5.7 <input type="checkbox"/> < -10°C<br>< 14°F | 5.8 <input type="checkbox"/> -10 - 0°C<br>14 - 32°F              |
|  |  | 5.9 <input type="checkbox"/> 0 - 30°C<br>32 - 86°F               |
|  |  | 5.10 <input type="checkbox"/> 30 - 40°C<br>86 - 104°F            |
|  |  | 5.11 <input type="checkbox"/> > 40°C<br>> 104°F                  |

## 6. Variables

|  |   |                                    |
|--|---|------------------------------------|
| 6.1 <input type="checkbox"/> Driving speed | 6.3 <input type="checkbox"/> Load conditions (passengers / luggage) | 6.5 <input type="checkbox"/> N/A   |
| 6.2 <input type="checkbox"/> Engine rpm    | 6.4 <input type="checkbox"/> Fuel tank: full / half full / reserve  | 6.6 <input type="checkbox"/> _____ |

**7. Fault location** (mark the location of the complaint on the grid)



Insert coordinates, suspected component (if indentified)

**8. Fluid leakage**

- |   |   |   |
|---|---|---|
| 8.1 <input type="checkbox"/> Black      | 8.4 <input type="checkbox"/> Orange       | 8.7 <input type="checkbox"/> Transparent      |
| 8.2 <input type="checkbox"/> Yellow     | 8.5 <input type="checkbox"/> Brown        | 8.8 <input type="checkbox"/> Thin and liquid  |
| 8.3 <input type="checkbox"/> Pink / Red | 8.6 <input type="checkbox"/> Blue / Green | 8.9 <input type="checkbox"/> Thick and greasy |

**9. Odour**

- 9.1  Burning plastic / Rubber
- 9.2  Sweet
- 9.3  Musty mildew
- 9.4  Fuel / Oil
- 9.5  Rotten egg
- 9.6  Exhaust gas
- 9.7  \_\_\_\_\_

**10. Sound/noise**

- |   |  |  |
|---|--|--|
| 10.1 <input type="checkbox"/> Boom / Hoot   | 10.5 <input type="checkbox"/> Moan             | 10.9 <input type="checkbox"/> Tick / Click |
| 10.2 <input type="checkbox"/> Buzz          | 10.6 <input type="checkbox"/> Rattle           | 10.10 <input type="checkbox"/> Whistle     |
| 10.3 <input type="checkbox"/> Creak         | 10.7 <input type="checkbox"/> Squeak           | 10.11 <input type="checkbox"/> Whine       |
| 10.4 <input type="checkbox"/> Knock / Thump | 10.8 <input type="checkbox"/> Squeal / Screech | 10.12 <input type="checkbox"/> _____       |

**11. Test drive data**

|  | YES                           | NO                             | Signature of person performing |
|--|-------------------------------|--------------------------------|--------------------------------|
| Vehicle test driven with customer          | 11.1 <input type="checkbox"/> | <input type="checkbox"/> 11.2  |                                |
| Complaint confirmed on test drive          | 11.3 <input type="checkbox"/> | <input type="checkbox"/> 11.4  |                                |
| Complaint source located                   | 11.5 <input type="checkbox"/> | <input type="checkbox"/> 11.6  |                                |
| Fault repaired and confirmed by test drive | 11.7 <input type="checkbox"/> | <input type="checkbox"/> 11.8  |                                |
| Further action required                    | 11.9 <input type="checkbox"/> | <input type="checkbox"/> 11.10 |                                |

Notes: