

Vehicle: Documentation
Suspension, Handling, Body Noises, Rattles and Squeaks

DIAGNOSTIC WORKSHEET

SUSPENSION, HANDLING, BODY NOISES, RATTLES and SQUEAKS

Date:		Name:		Invoice#	
Year:	Make:	Model:		Engine:	
Mileage:		V.I.N.:			

SYMPTOM

- Vehicle pulls right - When _____
- Vehicle pulls left - When _____
- Steering wheel vibrates at _____ MPH
- Excessive play in steering
- Erratic steering when braking
- Poor steering wheel return after cornering

- Suspension bottoms out
- Leans or sways in corners
- Brake light on
- Traction control light on
- Uneven tire wear
- Sits uneven
- "Dog" tracks
- ABS light on
- Soft ride

Hard to steer

- Effort Wanders
- Steering wheel off center

Shimmy/vibration (check box below for location)

<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Don't know
<input type="checkbox"/> Seat	<input type="checkbox"/> Floor	<input type="checkbox"/> Other _____

WHEN DOES IT OCCUR?

- Cold days Hot days Wet / rain All the time Intermittent
- Parking maneuvers At road speed Accelerating Decelerating

EXPLAIN:

AREA OF NOISE

- | | | | | |
|--|--------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Engine compartment | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Front suspension | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Rear suspension | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Passenger compartment | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Instrument Panel | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Left front | <input type="checkbox"/> Right front | <input type="checkbox"/> Left rear | <input type="checkbox"/> Right rear |
| <input type="checkbox"/> Rear seat area <input type="checkbox"/> Console | <input type="checkbox"/> Other _____ | | | |

NOISE SOUNDS LIKE

- Knocks Hard metal Light metal Roars Ticking Whine
- Squeaks Rattles Scraping Other _____

HOW OFTEN DOES IT OCCUR?

- Continuous Often Intermittent Just started Since new

WHEN DOES IT OCCUR?

- All the time Speed _____ RPM _____ Only moving On turns Braking
- Hard throttle Light throttle Decelerate Steady speed Idle in gear Idle out of gear
- Hot days Cold days Humid or rainy Temperature _____
- Heavy bumps Light bumps Smooth pavement

EXPLAIN:

DIAGNOSTIC WORKSHEET

WATER INTRUSION and WINDNOISE

Date:		Name:		Invoice#	
Year:	Make:	Model:		Engine:	
Mileage:		V.I.N.:			

WATER LEAK

Leak Occurs When?

- Setting level Any time it rains While driving in the rain Car wash only
 Back lower than front (facing uphill) Front lower than back (facing downhill)

Location of Leak (where water appears):

- LF door RF door LR door RR door Windshield Rear window
 LF window RF window LR window RR window Side door Sunroof / T-Top
 Under instrument panel Rear door / rear hatch Carpet Other

WINDNOISE

Location:

- LF door RF door LR door RR door Windshield Rear window
 LF window RF window LR window RR window Side door Sunroof / T-Top
 Under instrument panel Rear door / rear hatch Other

EXPLAIN:

NOTES:
