"WRITE-UP" JOB AID

A SENSE OF CUSTOMER SATISFACTION

REPAIR ORDER # _____

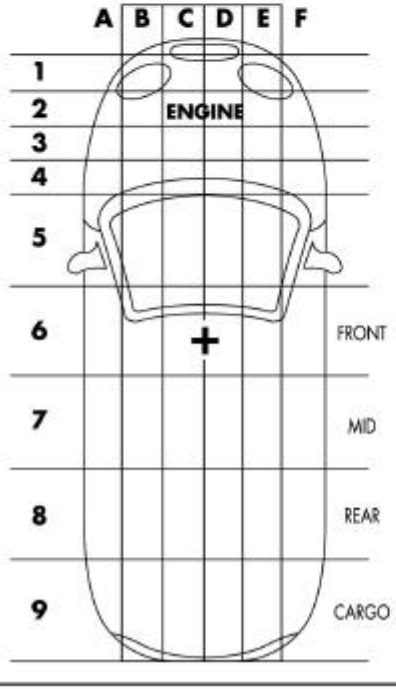
REPAIR REQUEST # _____

SPECIFIC SENSE IDENTIFICATION AND LOCATION ON VEHICLE OF CUSTOMER SYMPTOM(S)

INSTRUCTIONS: Check below sense affected and location of concern on the generic vehicle illustration (darken the vehicle area). Plus circle appropriate responses to the right.

NOTE: Shaded backgrounds indicate caution areas. Selection of two or more caution areas "flag" difficult repairs. In general, shaded areas are the more difficult to verify and repair, and require all applicable columns to be completed.

SEE YES ☐	**FEEL** YES ☐
HEAR YES ☐	**SMELL** YES ☐



VEHICLE SYMPTOM AREA	HOW OFTEN?	VEHICLE OPERATING MODE	VEHICLE CONDITIONS	VEHICLE SPEED (mph)	WHEN VEHICLE IS?	AMBIENT CONDITION
Front of Vehicle	Always	Start Up	Accessories On	0	Turning Left	____° Below Zero
Engine Compartment	Daily A.M. P.M.	Idle	(define below)	1-9	Turning Right	Below Freezing (0°-19°)
Dash	Conditional	Gear Selection	Windows Open	10-19	Over Bumps	Below Freezing (20°-32°)
Steering Wheel	Weekly	Accel Light	4x4	20-29	Up Hills	Temp–33°-49°
Accelerator Pedal	Monthly	Accel Moderate	Hauling	30-39	Down Hills	Temp–50°-69°
Brake Pedal	Intermittent	Accel Heavy	Towing	40-49	Upshifting	Temp–70°-89°
Clutch Pedal	Unknown	Steady Speed	Snow Plowing	50-59	Downshifting	Temp–90°+
Shift Lever/Knob		Deceleration	Other (define below)	60-69	Parked	Sunny
Seat		Coast Down		70+	In Traffic	Dry
Rear of Vehicle		Braking Soft	**ROAD SURFACE**	**ENGINE TEMP**		Windy
Top of Vehicle		Braking Normal				Wet/Humid
Floor Pan		Braking Hard	Smooth Paved	Cold		Rain
Under Vehicle		Neutral	Rough Paved	Normal		Snow
Other (define below)		Reverse	Bumpy	Hot		Ice
		Other (define below)	Wet			Other (define below)

DEALER VERIFICATION

	YES	NO
SERVICE ADVISOR	☐	☐
SHOP FOREMAN	☐	☐
SERVICE MANAGER/QC MANAGER	☐	☐
TECHNICIAN	☐	☐
VERIFIED WITH CUSTOMER	☐	☐

WHAT THE CUSTOMER SAID / REPAIR REQUEST(S)

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OASIS SYMPTOM CODE(S)

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VIN NUMBER

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