



Customer Vehicle Noise Condition
Worksheet

AREA OF NOISE (all that applies)

- | | | | | |
|---|---|--------------------------------------|---------------------------------|-------------------------------------|
| <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 of Vehicle | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Rear of Vehicle | <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(Dash) | <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 | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Driver Side left Front | <input type="checkbox"/> Passenger Side Right Front | | | |
| <input type="checkbox"/> Driver Side left Rear | <input type="checkbox"/> Passenger Side Right Rear | | | |
| <input type="checkbox"/> Rear seat areas | <input type="checkbox"/> Console | <input type="checkbox"/> Other _____ | | |

NOISE SOUNDS LIKE (all that applies)

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Knocks | <input type="checkbox"/> Hard Metal | <input type="checkbox"/> Light Metal | <input type="checkbox"/> Roars | <input type="checkbox"/> Ticking |
| <input type="checkbox"/> Whine | <input type="checkbox"/> Squeaks | <input type="checkbox"/> Rattle | <input type="checkbox"/> Scraping | |
| <input type="checkbox"/> Other _____ | | | | |

WHEN DOES IT OCCUR? (all that applies)

- | | | | | |
|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> All the time | <input type="checkbox"/> Speed _____ mph | <input type="checkbox"/> RPM _____ | <input type="checkbox"/> Only Moving | |
| <input type="checkbox"/> On turns | <input type="checkbox"/> Braking | <input type="checkbox"/> Hard Throttle | <input type="checkbox"/> Light Throttle | <input type="checkbox"/> Deceleration |
| <input type="checkbox"/> Steady Speed _____ mph | <input type="checkbox"/> @ Idle in Drive | <input type="checkbox"/> Idle in Park | <input type="checkbox"/> Hot Days | |
| <input type="checkbox"/> Cold Days | <input type="checkbox"/> Warm Days | <input type="checkbox"/> Humid or Rainy Days | <input type="checkbox"/> Temperature _____ F | |
| <input type="checkbox"/> Heavy bumps | <input type="checkbox"/> Light Bumps | <input type="checkbox"/> Smooth Pavement | | |

HOW OFTEN DOES IT OCCUR? (one)

- | | | | | |
|-------------------------------------|--------------------------------|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Continuous | <input type="checkbox"/> Often | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Just started | <input type="checkbox"/> Since New |
|-------------------------------------|--------------------------------|---------------------------------------|---------------------------------------|------------------------------------|

EXPLAIN:
