



San Jose motosport



Diagnostic Check-in Sheet

The goal of this check sheet is to collect critical information to streamline the diagnosis process for the service writer and technician. If questions cannot be answered, please write "do not know". Please complete the questions thoroughly as this will ensure we can address issues and concerns in a timely and cost effective manner.

Name: _____ Date: _____

Make: _____ Model: _____ Year: _____ Mileage: _____

Mileage and date of last scheduled maintenance performed: _____

Last work performed: _____

Concern: _____

Presumed Cause: _____

How can concern be reproduced: _____

Frequency of concern: _____

Number of workshop visits for Concern: _____

Operating Temp of vehicle: _____ Ambient air temp: _____

RPM: _____ Gear (if applicable): _____

Speed: _____ Throttle position (0-100%): _____

Level of importance for resolution: Not that important Important Very important