

Service Advisor/Consultant Audio Diagnostic Worksheet

		SERVICE ADVISOR/CONSULTANT AUDIO DIAGNOSTIC WORKSHEET	
INSTRUCTIONS 1. Enter customer and vehicle information in the fields provided below, and place an 'X' in the applicable boxes. 2. Refer to the reverse side of this form for the Diagnostic Tree and determine whether it is necessary to schedule an audio diagnostic appointment or order an audio exchange unit now.			
Customer: _____		Phone: () _____	Date: _____
Address*: _____		City: _____	State: _____ Zip Code: _____
VIN: _____		Model: _____	Year: _____ Mileage: _____
In-SVC Date: _____	NNA Part # _____	Faceplate ID (if applicable): _____	Order Tracking No.: _____
MODE:	<input type="checkbox"/> CD	<input type="checkbox"/> AM/FM	<input type="checkbox"/> TAPE
CD SYMPTOM	RADIO SYMPTOM	TAPE SYMPTOM	SATELLITE SYMPTOM
<input type="checkbox"/> WON'T EJECT / DISC STUCK <input type="checkbox"/> LOADS / NO PLAY - THEN EJECT <input type="checkbox"/> LOADS / NO PLAY - THEN NO EJECT <input type="checkbox"/> SOUND SKIPS <input type="checkbox"/> DISC SKIPS ALL DISCS <input type="checkbox"/> WON'T LOAD <input type="checkbox"/> NO TRACK CHANGE <input type="checkbox"/> NO DISC CHANGE <input type="checkbox"/> MECHANICAL NOISE <input type="checkbox"/> DAMAGES DISC <input type="checkbox"/> ERROR MESSAGE (Err. Code: _____) <input type="checkbox"/> OTHER (explain): _____	<input type="checkbox"/> POOR RECEPTION (Radio Station(s) _____) <input type="checkbox"/> SEEK / SCAN / TUNING MALFUNCTION <input type="checkbox"/> CANNOT SELECT STATION <input type="checkbox"/> NO PRESET MEMORY <input type="checkbox"/> OTHER (explain): _____	<input type="checkbox"/> SOUNDS MUFFLED <input type="checkbox"/> WON'T EJECT <input type="checkbox"/> EATS TAPE <input type="checkbox"/> PLAYS SLOW / FAST <input type="checkbox"/> MECHANICAL NOISE <input type="checkbox"/> AUTO REVERSE <input type="checkbox"/> OTHER (explain): _____	<input type="checkbox"/> UPDATING <input type="checkbox"/> ACQUIRING <input type="checkbox"/> NO SIGNAL <input type="checkbox"/> LOADING <input type="checkbox"/> OTHER (explain): _____ TYPE: <input type="checkbox"/> XM <input type="checkbox"/> SIRIUS
WHAT TYPE OF CD DOES THE CUSTOMER USE?	SOUND SYMPTOM	SPEAKER	GENERAL SYMPTOM
<input type="checkbox"/> AUDIO CD-R <input type="checkbox"/> CD-RW <input type="checkbox"/> WITH LABEL <input type="checkbox"/> WITHOUT LABEL <input type="checkbox"/> CRACKED OR CHIPPED CD <input type="checkbox"/> ONLY SPECIFIC CD: _____	<input type="checkbox"/> NO SOUND <input type="checkbox"/> LOW OUTPUT <input type="checkbox"/> POP/STATIC NOISE <input type="checkbox"/> DISTORTION <input type="checkbox"/> POOR FREQUENCY <input type="checkbox"/> CELL PHONE NOISE	<input type="checkbox"/> FRONT RIGHT <input type="checkbox"/> FRONT LEFT <input type="checkbox"/> REAR RIGHT <input type="checkbox"/> REAR LEFT <input type="checkbox"/> SUBWOOFER	<input type="checkbox"/> NO POWER (INOPERABLE) <input type="checkbox"/> NO ILLUMINATION <input type="checkbox"/> NO CLOCK <input type="checkbox"/> BUTTON OPERATION <input type="checkbox"/> POOR APPEARANCE <input type="checkbox"/> POWER ANTENNA <input type="checkbox"/> MAIN VOLUME OPERATION <input type="checkbox"/> OTHER (explain): _____
STUCK CD			
STUCK CD TO BE RETURNED TO: <input type="checkbox"/> CUSTOMER *Please ensure customer address is entered above. NO. OF STUCK CD'S: _____ <input type="checkbox"/> DEALER			
SYMPTOM OCCURS: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent How Often? _____			
WHEN (CHECK ALL THAT APPLY) <input type="checkbox"/> Engine Running <input type="checkbox"/> Engine Off <input type="checkbox"/> Smooth Road <input type="checkbox"/> Rough Road <input type="checkbox"/> Over Bumps <input type="checkbox"/> Lane Changes		WHERE (CHECK ALL THAT APPLY) <input type="checkbox"/> City / Metro <input type="checkbox"/> Rural <input type="checkbox"/> Hills / Mountains <input type="checkbox"/> Basins / Valleys <input type="checkbox"/> In Building / Tunnel	
CONDITIONS (CHECK AND COMPLETE ALL THAT APPLY) <input type="checkbox"/> Hot Ambient _____°F <input type="checkbox"/> Cold Ambient _____°F <input type="checkbox"/> Rainy / Humid <input type="checkbox"/> Morning <input type="checkbox"/> Day <input type="checkbox"/> Night			
Dealer Verification Results: Did you duplicate the customer complaint? <input type="checkbox"/> YES <input type="checkbox"/> NO Where was the diagnosis completed? Did you change any other Audio Equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO At the dealership <input type="checkbox"/> By phone <input type="checkbox"/>			
Part Replaced Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Replacement Date: _____	
Goodwill <input type="checkbox"/> Goodwill is approved by: Claims Call Center <input type="checkbox"/> Consumer Affairs <input type="checkbox"/> GRT/Dealer self-approved <input type="checkbox"/> Region <input type="checkbox"/>			
NNA Vehicle Service Contract <input type="checkbox"/>		Vehicle Service Contract # _____	
Dealer Name: _____		Contact Name: _____	Dept: Parts <input type="checkbox"/> Service <input type="checkbox"/>
Dealer Code: _____		Dealer Phone #: () _____	Dealer FAX #: () _____
Use this form to order an exchange unit by telephone or facsimile and return this form with the inoperative audio unit in the original box to the audio supplier within 48 hours of repair.			
FOR SUPPLIER USE ONLY:			