

APPENDICES

Navigation System Diagnostic Worksheet



SERVICE ADVISOR/CONSULTANT NAVIGATION SYSTEM DIAGNOSTIC WORKSHEET

INSTRUCTIONS

This quick troubleshooting worksheet is intended to help diagnose the customer's navigation symptoms as described to you over the telephone. First write down some initial customer information as indicated below. Once you have recorded the customer's navigation symptoms and have identified it to be control unit, monitor or map disc related symptom, go to the reverse side of this form and use the Diagnostic Tree to determine if you need a diagnostic appointment or order an exchange unit.

GENERAL SYMPTOM <input type="checkbox"/> NO POWER (DEAD) <input type="checkbox"/> NO DISPLAYING MAP <input type="checkbox"/> BUTTON OPERATION <input type="checkbox"/> APPEARANCE <input type="checkbox"/> OTHER: (explain here)	CONTROL UNIT SYMPTOM <input type="checkbox"/> INCORRECT CAR POSITION <input type="checkbox"/> NO VOICE GUIDANCE <input type="checkbox"/> STRANGE VOICE GUIDANCE <input type="checkbox"/> MECHANICAL NOISE <input type="checkbox"/> NO LOADING DISC <input type="checkbox"/> NO EJECTING DISC <input type="checkbox"/> ERROR MESSAGE _____ <input type="checkbox"/> OTHER: (explain here)	MONITOR SYMPTOM <input type="checkbox"/> NO DISPLAY – WHITE BLANK <input type="checkbox"/> NO DISPLAY – BLACK BLANK <input type="checkbox"/> FROZEN DISPLAY <input type="checkbox"/> FLICKERING <input type="checkbox"/> STRANGE STRIPE(S) <input type="checkbox"/> STRANGE BRIGHTNESS <input type="checkbox"/> STRANGE COLOR <input type="checkbox"/> MECHANICAL STUCK (pop-up monitor unit only) <input type="checkbox"/> ERROR MESSAGE _____ <input type="checkbox"/> OTHER: (explain here)	MAP DISC SYMPTOM <input type="checkbox"/> LOADS / NO DISPLAY THEN EJECT <input type="checkbox"/> LOADS / NO DISPLAY THEN NO EJECT <input type="checkbox"/> WON'T LOAD <input type="checkbox"/> WON'T EJECT / DISC STUCK <input type="checkbox"/> MECHANICAL NOISE <input type="checkbox"/> SCRATCHED DISC <input type="checkbox"/> DIRTY DISC <input type="checkbox"/> ERROR MESSAGE _____ <input type="checkbox"/> OTHER: (explain here)
WHAT TYPE OF MAP DISC DOES THE CUSTOMER USE? <input type="checkbox"/> MAP VERSION (printed on the disc) _____			
SYMPTOM OCCURS: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent How Often? _____			
<input type="checkbox"/> Vehicle Running <input type="checkbox"/> Smooth Road <input type="checkbox"/> Rough Road <input type="checkbox"/> Over Bumps <input type="checkbox"/> Lane Changes			
<input type="checkbox"/> City / Metro <input type="checkbox"/> Rural <input type="checkbox"/> Hills / Mountains <input type="checkbox"/> Basins / Valleys			
<input type="checkbox"/> Engine Running <input type="checkbox"/> Engine Off <input type="checkbox"/> Engine Off but Accessory Part(Audio etc.) Running <input type="checkbox"/> Between Buildings / In Tunnel <input type="checkbox"/> Same Location			
<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			
How was the customer using the navigation unit just before the symptom appeared?			
Your Verification Results: Did you duplicate the customer complaint? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you change any other Navigation Equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did customer visit dealership for diagnosis? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Customer:		Phone #:	Date:
Model:	Year:	In-Service Date:	Mileage:
VIN: _____			
NNA Part #:		Serial #:	
Has vehicle been placed into service? YES <input type="checkbox"/> NO <input type="checkbox"/>		Has inquiry for in-service date been printed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Warranty <input type="checkbox"/>	Replacement Part <input type="checkbox"/>	Prior Replacement Date:	
Goodwill <input type="checkbox"/>	Goodwill approved by:	Dealer self-approved <input type="checkbox"/>	Is vehicle in warranty? YES <input type="checkbox"/> NO <input type="checkbox"/>
Service Agreement <input type="checkbox"/>	Infiniti/Nissan Service Agreement #		
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 within 48 hours of repair.

VENDOR ACKNOWLEDGEMENT SECTION

Repair facility acknowledges receipt of your facsimile by phone or return of this form via facsimile with its verification number

Verification #:	Comments
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