

Vibration

Customer Diagnostic Survey Form

Name		Date		WO#	
Make		Model		Year	

The Problem Happens When...

Vehicle Operation:

- Light to medium acceleration
- Hard acceleration
- Deceleration (coast in gear)
- Deceleration (coast out of gear)
- Cruising (constant highway speed)
- Braking
- Turning

Speed of vehicle:

Speed the problem occurs _____ km/h
 Engine speed: Idle Medium High

Road conditions:

Describe the road conditions at which the problem occurs:

- Paved road (rough)
- Paved road (smooth)
- Wet road
- Going over bumps
- Other _____

The problem started:

- Suddenly at _____ (odometer)
- Gradually at _____ (odometer)
- Since the vehicle was new
- After abnormal occurrence (ie., pot hole, curb impact)

The problem occurs:

Rarely Sometimes Always

Have the tires ever been balanced? Yes No

Were any repairs performed prior to the condition occurring? Yes No

Describe the Problem...

Vibration:

Please check the box that best describes the vibration you "feel":

- Wobble (side to side)
- Shake (usually causes visual movement)
- Pumping feeling (usually very slow movement)
- Harshness (stiffness, loss of ride quality)
- All of the above

Please check the box that best describes where you "feel" the vibration:

- Steering wheel
- Seat
- Floor
- All of the above

If none of the above, please describe where the vibration seems to be coming from:

Customer Signature _____