KINGSGATE AUTOMOTIVE LTD. VIBRATION

CUSTOMER DIAGNOSTIC SURVEY FORM

CUSTOMER NAME:_____ DATE:_____

REPAIR ORDER#:_____ LICENSE #:_____

SERVICE ADVISOR:_____ VIN#:_____

IT HAPPENS WHEN.....

THE PROBLEM OCCURS

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

SPEED OF VEHICLE

Describe the speed at which the problem occurs:
Vehicle speed _____ km / h

Engine Speed
☐ Idle ☐ Medium ☐ High

ROAD CONDITIONS

Describe the road conditions on which the problem occurs:

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

THE PROBLEM STARTED

- ☐ Suddenly at _____ (odometer)
- ☐ Gradually at _____ (odometer)
- ☐ Just started _____ (odometer)
- ☐ Since the vehicle was new
- ☐ After abnormal occurrence (i.e. pot holes, curb impact)

THE PROBLEM OCCURS

☐ Rarely ☐ Sometimes ☐ Always

Have the tires been balanced? ☐ Yes ☐ No

Where any repairs performed prior to the Condition occurring? ☐ Yes ☐ No

DEFINE THE PROBLEM.....

VIBRATION

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

- ☐ Wobble (side to side)
- ☐ Shake (usually caused 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 the above, please describe where the vibration seems to be coming from.

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CUSTOMER SIGNATURE: _____