

Heating and Air Conditioning Symptom Survey


CUSTOMER NAME _____ MODEL & YEAR _____ MILEAGE _____

Where is the concern located? Front Driver side
 Rear/2nd Row Passenger side
 3rd Row

What are the symptoms? Air Temperature Not As Expected (select one) Poor Airflow
 Too cold Too hot Uneven/Incorrect Air Distribution
 Lever/Button/Knob Stuck/Binding Defrosting Issue
 Controls not responding Noise

Which vents are affected? Which mode is selected?
 Face Defrost Face Face/Floor Fresh
 Floor Floor Floor/Defrost Recirc/Max A/C
 Defrost

When does the incident occur?
 When the vehicle is not moving (engine is idling) During Cruising
 After the vehicle is parked for several hours During Acceleration Hard Medium Light
 During Turning During Braking Hard Medium Light
 Other _____

What is the temperature setting during concern? (Auto) Driver side _____°F Passenger side _____°F
(Manual, mark a line on photo) 

How often does this occur? Always Sometimes Rarely Problem just started
When did the concern begin? Ever since the vehicle was new Problem just started
 Other _____

What are the weather conditions when the concern occurs? Only when humid or rainy
 Only on hot days (outside temp) _____°F Only on cold days (outside temp) _____°F
 Other _____

What is the engine temperature when the concern occurs? Cold Warm-up Normal All the time
 Other _____

At what vehicle speed does it occur? _____ MPH
Any other condition when the problem gets worse? Please be specific. _____

What repairs were completed recently? _____
