

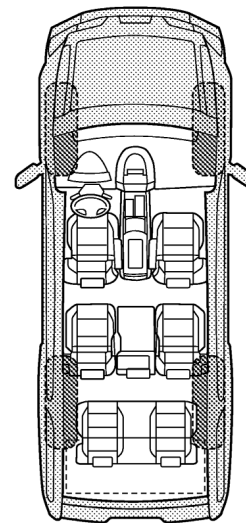
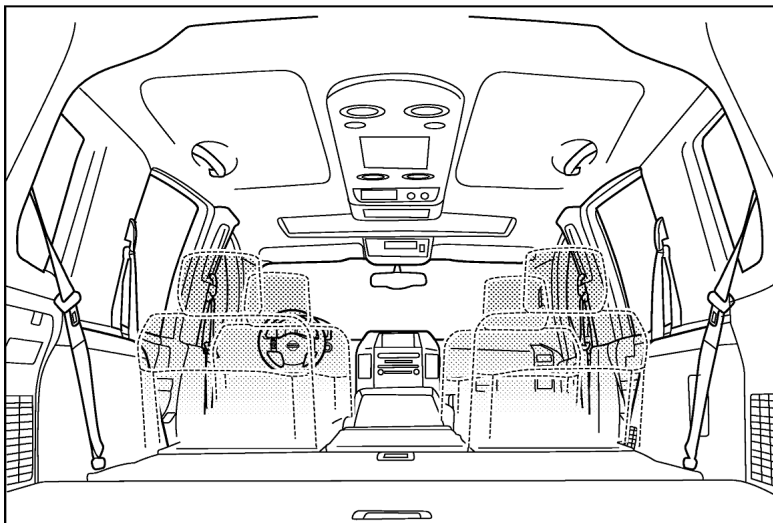
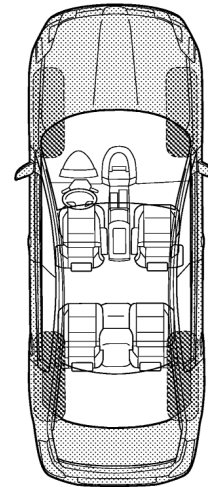
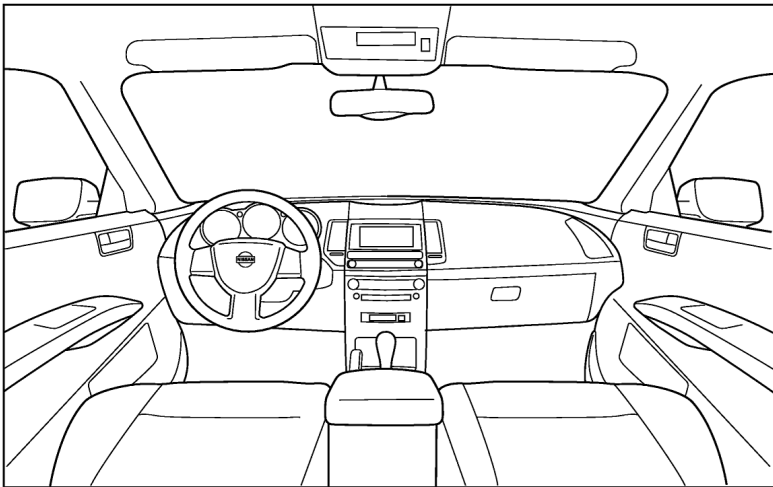
Squeak and Rattle

Symptom Survey

We are concerned about your satisfaction with your vehicle. Repairing a squeak or rattle sometimes can be very difficult. To help us fix your vehicle right the first time, please take a moment to note the area of the vehicle where the squeak or rattle occurs and under what conditions. You may be asked to take a test drive to ensure we confirm the noise you are hearing.

1. Where does the noise come from? (circle the area of the vehicle)

The illustrations are for reference only, and may not reflect the actual configuration of your vehicle.



Continue to page 2 of the worksheet and briefly describe the location of the noise or rattle. In addition, please indicate the conditions which are present when the noise occurs.

Squeak and Rattle Symptom Survey

Briefly describe the location where the noise occurs:

2. When does it occur? (please check the boxes that apply)

- | | |
|---|--|
| <input type="checkbox"/> Anytime | <input type="checkbox"/> After sitting out in the rain |
| <input type="checkbox"/> 1st time in the morning | <input type="checkbox"/> When it is raining or wet |
| <input type="checkbox"/> Only when it is cold outside | <input type="checkbox"/> Dry or dusty conditions |
| <input type="checkbox"/> Only when it is hot outside | <input type="checkbox"/> Other: _____ |

3. When driving:

- Through driveways
- Over rough roads
- Over speed bumps
- Only about _____ mph
- On acceleration
- Coming to a stop
- On turns: left, right or either (circle)
- With passengers or cargo
- Other: _____
- After driving _____ miles or _____ minutes

4. What type of noise?

- Squeak (like tennis shoes on a clean floor)
- Creak (like walking on an old wooden floor)
- Rattle (like shaking a baby rattle)
- Knock (like a knock at the door)
- Tick (like a clock second hand)
- Thump (heavy, muffled knock noise)
- Buzz (like a bumble bee)

5. When did the concern begin?

- Ever since the vehicle was new Problem just started
- Other _____

TO BE COMPLETED BY DEALERSHIP PERSONNEL

Test Drive Notes: _____

	YES	NO	Initials of person performing
Vehicle test driven with customer	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Noise verified on test drive	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Noise source located and repaired	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Follow up test drive performed to confirm repair	<input type="checkbox"/>	<input type="checkbox"/>	_____

VIN _____ CUSTOMER NAME _____

W.O. # _____ DATE _____