



SERVICE ADVISOR/CONSULTANT AUDIO DIAGNOSTIC WORKSHEET

INSTRUCTIONS

1. Enter customer and vehicle information in the fields provided below, and place an 'X' in the applicable boxes.
2. Refer to the reverse side of this form for the Diagnostic Tree and determine whether it is necessary to schedule an audio diagnostic appointment or order an audio exchange unit now.

Customer: _____ Phone: () _____ Date: _____

Address*: _____ City: _____ State: _____ Zip Code: _____

VIN: _____ Model: _____ Year: _____ Mileage: _____

In-SVC Date: _____ NNA Part # _____ Faceplate ID (If applicable): _____ Order Tracking No.: _____

MODE: <input type="checkbox"/> CD	<input type="checkbox"/> AM/FM	<input type="checkbox"/> TAPE	<input type="checkbox"/> SATELLITE
CD SYMPTOM	RADIO SYMPTOM	TAPE SYMPTOM	SATELLITE SYMPTOM
<input type="checkbox"/> WON'T EJECT / DISC STUCK <input type="checkbox"/> LOADS / NO PLAY - THEN EJECT <input type="checkbox"/> LOADS / NO PLAY - THEN NO EJECT <input type="checkbox"/> SOUND SKIPS <input type="checkbox"/> DISC SKIPS ALL DISCS <input type="checkbox"/> WON'T LOAD <input type="checkbox"/> NO TRACK CHANGE <input type="checkbox"/> NO DISC CHANGE <input type="checkbox"/> MECHANICAL NOISE <input type="checkbox"/> DAMAGES DISC <input type="checkbox"/> ERROR MESSAGE (Err. Code: _____) <input type="checkbox"/> OTHER (explain): _____	<input type="checkbox"/> POOR RECEPTION (Radio Station(s) _____) <input type="checkbox"/> SEEK / SCAN / TUNING MALFUNCTION <input type="checkbox"/> CANNOT SELECT STATION <input type="checkbox"/> NO PRESET MEMORY <input type="checkbox"/> OTHER (explain): _____	<input type="checkbox"/> SOUNDS MUFFLED <input type="checkbox"/> WON'T EJECT <input type="checkbox"/> EATS TAPE <input type="checkbox"/> PLAYS SLOW / FAST <input type="checkbox"/> MECHANICAL NOISE <input type="checkbox"/> AUTO REVERSE <input type="checkbox"/> OTHER (explain): _____	<input type="checkbox"/> UPDATING <input type="checkbox"/> ACQUIRING <input type="checkbox"/> NO SIGNAL <input type="checkbox"/> LOADING <input type="checkbox"/> OTHER (explain): _____ TYPE: <input type="checkbox"/> XM <input type="checkbox"/> SIRIUS
	SOUND SYMPTOM	SPEAKER	GENERAL SYMPTOM
	<input type="checkbox"/> NO SOUND <input type="checkbox"/> LOW OUTPUT <input type="checkbox"/> POP/STATIC NOISE <input type="checkbox"/> DISTORTION <input type="checkbox"/> POOR FREQUENCY <input type="checkbox"/> CELL PHONE NOISE	<input type="checkbox"/> FRONT RIGHT <input type="checkbox"/> FRONT LEFT <input type="checkbox"/> REAR RIGHT <input type="checkbox"/> REAR LEFT <input type="checkbox"/> SUBWOOFER	<input type="checkbox"/> NO POWER (INOPERABLE) <input type="checkbox"/> NO ILLUMINATION <input type="checkbox"/> NO CLOCK <input type="checkbox"/> BUTTON OPERATION <input type="checkbox"/> POOR APPEARANCE <input type="checkbox"/> POWER ANTENNA <input type="checkbox"/> MAIN VOLUME OPERATION <input type="checkbox"/> OTHER (explain): _____
WHAT TYPE OF CD DOES THE CUSTOMER USE? <input type="checkbox"/> AUDIO CD-R <input type="checkbox"/> CD-RW <input type="checkbox"/> WITH LABEL <input type="checkbox"/> WITHOUT LABEL <input type="checkbox"/> CRACKED OR CHIPPED CD <input type="checkbox"/> ONLY SPECIFIC CD: _____	STUCK CD		
STUCK CD TO BE RETURNED TO: <input type="checkbox"/> CUSTOMER *Please ensure customer address is entered above. NO. OF STUCK CD'S: _____ <input type="checkbox"/> DEALER			

SYMPTOM OCCURS: Continuous Intermittent How Often? _____

WHEN (CHECK ALL THAT APPLY) **WHERE** (CHECK ALL THAT APPLY) **CONDITIONS** (CHECK AND COMPLETE ALL THAT APPLY)

<input type="checkbox"/> Engine Running	<input type="checkbox"/> Engine Off	<input type="checkbox"/> City / Metro	<input type="checkbox"/> Rural	<input type="checkbox"/> Hot Ambient ____°F
<input type="checkbox"/> Smooth Road	<input type="checkbox"/> Rough Road	<input type="checkbox"/> Hills / Mountains	<input type="checkbox"/> Basins / Valleys	<input type="checkbox"/> Cold Ambient ____°F
<input type="checkbox"/> Over Bumps	<input type="checkbox"/> Lane Changes	<input type="checkbox"/> In Building / Tunnel		<input type="checkbox"/> Rainy / Humid
				<input type="checkbox"/> Morning <input type="checkbox"/> Day <input type="checkbox"/> Night

Dealer Verification Results: Did you duplicate the customer complaint? YES NO Where was the diagnosis completed?
 Did you change any other Audio Equipment? YES NO At the dealership By phone

Part Replaced Previously? Yes No Prior Replacement Date: _____

Goodwill Goodwill is approved by: Claims Call Center Consumer Affairs GRT/Dealer self-approved Region

NNA Vehicle Service Contract Vehicle Service Contract # _____

Dealer Name: _____ Contact Name: _____ Dept: Parts Service

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 to the audio supplier within 48 hours of repair.

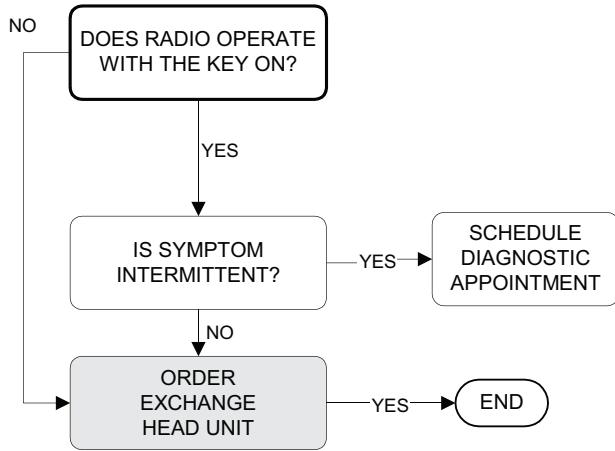
FOR SUPPLIER USE ONLY:	Audio Supplier	Phone No.	Fax No.
	Clarion	(800) 347-8933	(310) 217-4354 / (310) 217-4380
	Panasonic	(800) 423-8150	(800) 682-8056
	Visteon	(800) 262-9606	(216) 433-9425 (for Eastern Standard Time states)
		(800) 321-6970	(714) 871-2062 (for all other states)

AUDIO ONE DIAGNOSTIC DECISION TREE

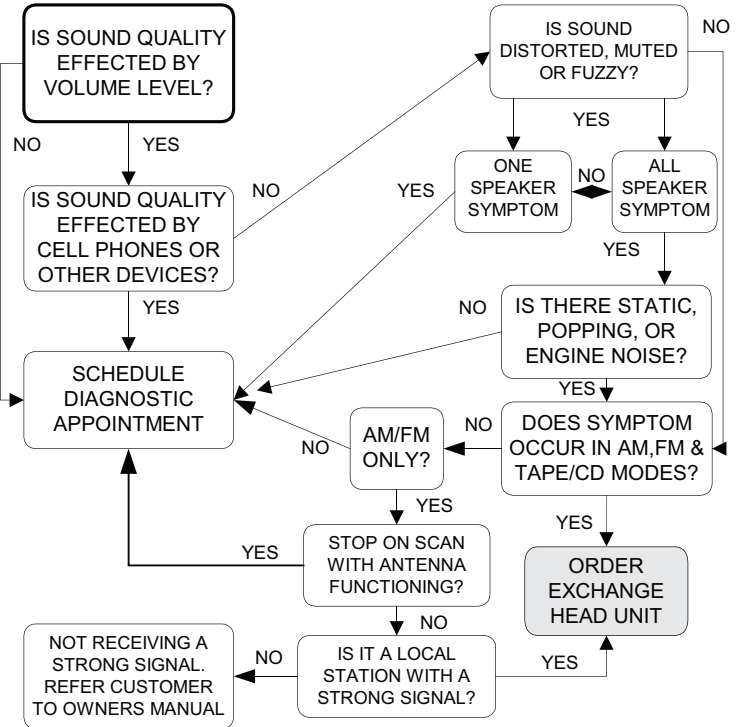
FOR DIAGNOSTIC/QUALIFYING CUSTOMER SYMPTOMS OVER THE TELEPHONE, FOLLOW THE STEPS OUTLINED BELOW. IF THE DIAGNOSTIC TREE LEADS YOU TO CONCLUDE THAT A COMPONENT IS INOPERATIVE, ORDER AN EXCHANGE UNIT AND SCHEDULE A CUSTOMER APPOINTMENT 2 OR MORE WORKING DAYS IN ADVANCE. DURING THE CUSTOMER APPOINTMENT, VERIFY THE ORIGINAL SYMPTOM AND INSTALL THE EXCHANGE UNIT IF NECESSARY. IF THE PROBLEM CAN NOT BE DIAGNOSED USING THE OUTLINED PROCEDURE, PLEASE CONTACT THE APPROPRIATE AUDIO SUPPLIER FOR TECHNICAL ASSISTANCE OR SCHEDULE A CUSTOMER APPOINTMENT FOR AUDIO DIAGNOSIS PRIOR TO REQUESTING AN EXCHANGE UNIT.

PROMPTLY RETURN THE INOPERATIVE UNIT WITHIN 48 HOURS TO THE AUDIO SUPPLIER WITH THIS DIAGNOSTIC REPORT

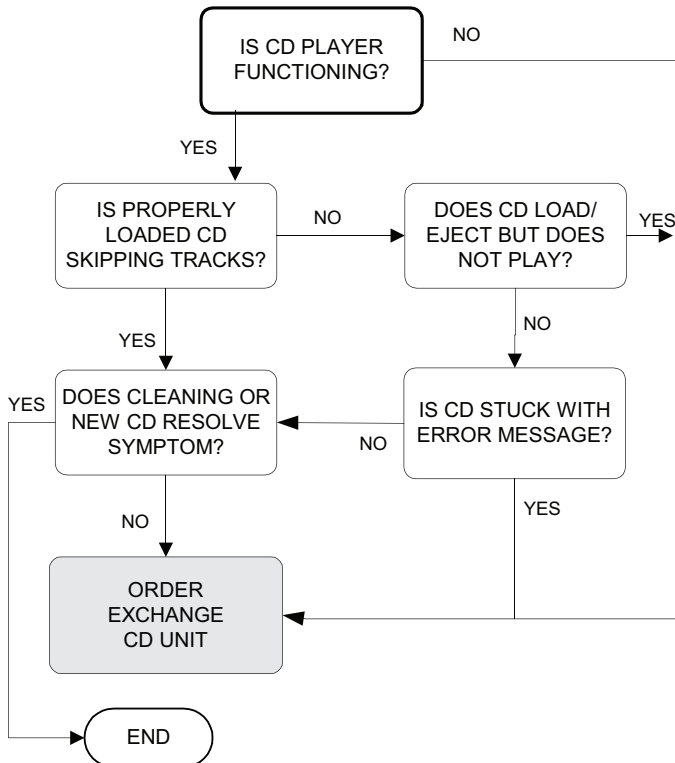
RADIO



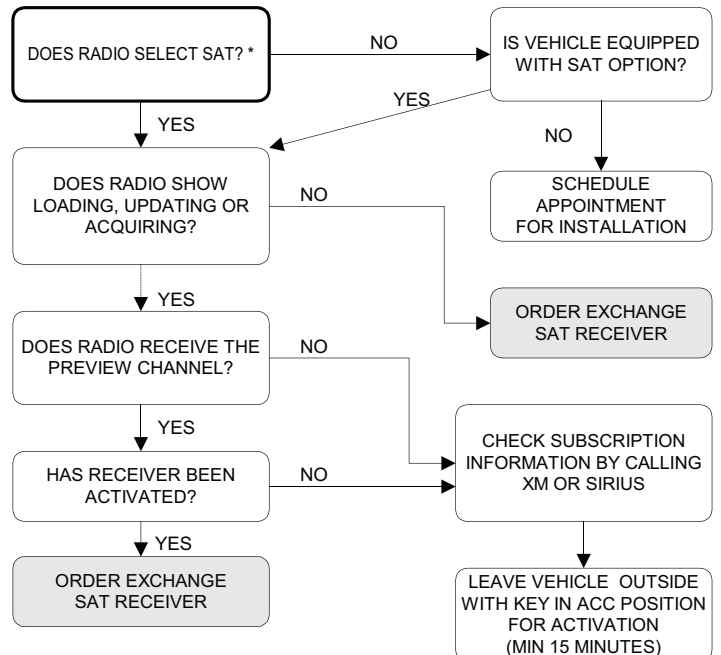
SOUND/RECEPTION



CD



SATELLITE



REFER TO SATELLITE DIAGNOSTICS BULLETIN FOR FURTHER INFORMATION

* FOR VEHICLES WITH SATELLITE OPTION ONLY.