

DIAGNOSTIC FORM FOR:

ELECTRICAL



9577 BERGER ROAD, COLUMBIA, MD 21046

PHONE: 410-381-270

www.BAAutoCare.com

Customer Name: _____

Date: _____ RO#: _____



Please check all applicable boxes and fully describe the condition that applies to your vehicle.

1. THIS IS THE PROBLEM

What electrical component is being affected?

1. _____
2. _____
3. _____
4. _____
5. _____

Have any fuses been replaced lately?

Yes No

If so, which one? _____

Has your vehicle been in an accident?

Yes No

If so, what part was damaged?

Have any accessories been replaced recently?

Please describe

Have there been any electrical repairs done in the last month? Yes No

If so, what was repaired? _____

Was the battery replaced recently?

Yes No

What is your radio code? _____

2. IT OCCURS AS FOLLOWS

The problem occurs when the vehicle is:

- At idle
- Light Acceleration
- Medium Acceleration
- Heavy Acceleration
- _____ MPH

The problem happens:

- All the time
- Once a day
- Once a week
- Once a month

When did the problem occur last?

Date: _____

The engine was:

- Cold
- Hot
- Normal operating temperature

The outside temperature was:

- Cold Sunny
- Warm Dry
- Hot Raining
- Other, describe _____

Was the AC on? Yes No

Was the vehicle towed in? Yes No

Additional Information