

DIAGNOSTIC FORM FOR:

# COOLING/OVERHEATING



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Customer Name: \_\_\_\_\_

Date: \_\_\_\_\_ RO#: \_\_\_\_\_



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

## 1. THIS IS THE PROBLEM

- Overheating
- Not warm enough
- Coolant leaking
- Steam from under the hood
- Coolant light goes on and off
- Coolant light on
- Check engine light is on
- Temperature gauge is:
  - Higher than normal
  - Normal
  - Lower than normal
- Other \_\_\_\_\_

## 2. IT OCCURS AS FOLLOWS

- The problem occurs:
- Always
  - Sometimes (once or twice a week)
  - Rarely (once or twice a month)
  - Just started
  - Has happened since the car was new
  - Highway speeds
  - Slow traffic
  - Pulling a trailer
  - Other \_\_\_\_\_

Heating and AC settings

- AC was on
- Heater was on
- AC and Heater were off

The outside temperature was:

- Cold
  - Warm
  - Hot
  - Humid or raining
  - Other, please describe \_\_\_\_\_
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How long has the problem occurred?

- Just started
- One week
- One month
- Since the car was new

Additional Information: