

DIAGNOSTIC FORM FOR:

HEATING AND COOLING SYSTEM



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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

Air Conditioning

Is there any cooling effect? Yes No
If yes, how long does it take to cool the vehicle?
_____ Minutes/Miles (please indicate)

How many days since the air conditioning was last operated? _____ days

Noise occurs when A/C compressor is on.

Outlet temperature fluctuates back and forth

Heating

Heating doesn't work properly.

Is there any heating effect? Yes No
If yes, how long does it take to warm the vehicle?
_____ Minutes/Miles (please indicate)

Airflow

Airflow cannot be changed to different outlets.

Which outlets do not work?

- Center
- Left (driver) side
- Right (passenger) side
- Floor
- Defrost

Air intake cannot be changed

Which does not work?

- Fresh air (outside)
- Recirculating air

Additional Information:

2. IT OCCURS AS FOLLOWS

Unusual Noises

Unusual Noises (please describe)

- Noise occurs when A/C compressor is on
- Noise increases with engine speed
- Noise changes when control lever is moved to change air outlets

Unusual Odor

Unusual smells (please describe)

The Problem Started:

- Suddenly at _____ (odometer)
- Gradually at _____ (odometer)
- Just started at _____ (odometer)
- Since vehicle was new

The Problem Occurs:

- Rarely
- Sometimes
- Always