

Trio motors LTD

VIBRATION Customer Diagnostic Survey Form

NAME _____ DATE _____ WO # _____

Make _____ Model _____

IT HAPPENS WHEN....

VEHICLE OPERATION

- Light to medium acceleration
- Hard acceleration
- Deceleration (coast in gear)
- Deceleration (coast out of gear)
- Cruising (constant highway speed)
- Braking
- Turning

SPEED OF VEHICLE

Describe the speed at which the problem occurs:

Vehicle speed _____ (Km/h)

Engine Speed

- Idle Medium High

ROAD CONDITIONS

Describe the road conditions on which the problem occurs:

- Paved road (rough) Paved road (smooth)
 Wet road Going over bumps
 Other _____

THE PROBLEM STARTED..

- Suddenly at _____ (odometer)
 Gradually at _____ (odometer)
 Since the vehicle was new
 After abnormal occurrence (i.e. pot hole, curb impact)

THE PROBLEM OCCURS...

- Rarely Sometimes Always

Have the tires ever been balanced? Yes No

Were any repairs performed prior to the condition occurring? Yes No

DEFINE THE PROBLEM...

VIBRATION

Please check the box that best describes the vibration you "feel."

- Wobble (side to side)
- Shake (usually causes visual movement)
- Pumping feeling (usually very slow movement)
- Harshness (stiffness, loss of ride quality)
- All of the above

Please check the box that best describes where you "feel" the vibration.

- Steering wheel
- Seat
- Floor
- All of the above

If none of the above, please describe where the vibration seems to be coming from.

CUSTOMER SIGNATURE _____