

CHECK LIST FOR INTERVIEW

ABS (DIAGNOSTICS)

2. Check List for Interview

A: CHECK

Check the following items about the vehicle's state.

1. STATE OF ABS WARNING LIGHT

ABS warning light comes on.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Only once <input type="checkbox"/> Does not come on • When / how long does it come on?:		
Ignition key position	<input type="checkbox"/> LOCK <input type="checkbox"/> ACC <input type="checkbox"/> ON (before starting engine) <input type="checkbox"/> START <input type="checkbox"/> On after starting (Engine is running) <input type="checkbox"/> On after starting (Engine is stop)		
Timing	<input type="checkbox"/> Immediately after ignition is ON. <input type="checkbox"/> Immediately after ignition starts.		
	<input type="checkbox"/> When advancing	km/h to	km/h
		MPH to	MPH
	<input type="checkbox"/> While traveling at a constant speed	km/h	MPH
	<input type="checkbox"/> When decelerating	km/h to	km/h
		MPH to	MPH
	<input type="checkbox"/> When turning to right	Steering angle:	deg
		Steering time:	sec
	<input type="checkbox"/> When turning to left	Steering angle:	deg
		Steering time:	sec
<input type="checkbox"/> When moving other electrical parts • Parts name: • Operating condition:			

CHECK LIST FOR INTERVIEW

ABS (DIAGNOSTICS)

2. STATE OF BRAKE WARNING LIGHT

Brake warning light comes on.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Only once <input type="checkbox"/> Does not come on <input type="checkbox"/> When parking brake lever is pulled <input type="checkbox"/> When parking brake lever is released <input type="checkbox"/> When / how long does it come on?		
Ignition key position	<input type="checkbox"/> LOCK <input type="checkbox"/> ACC <input type="checkbox"/> ON (before starting engine) <input type="checkbox"/> START <input type="checkbox"/> On after starting (Engine is running) <input type="checkbox"/> On after starting (Engine is stop)		
Timing	<input type="checkbox"/> Immediately after ignition is ON. <input type="checkbox"/> Immediately after ignition starts.		
	<input type="checkbox"/> When advancing	km/h to	km/h
		MPH to	MPH
	<input type="checkbox"/> While traveling at a constant speed	km/h	MPH
	<input type="checkbox"/> When decelerating	km/h to	km/h
		MPH to	MPH
	<input type="checkbox"/> When turning to right	Steering angle:	deg
		Steering time:	sec
	<input type="checkbox"/> When turning to left	Steering angle:	deg
		Steering time:	sec
	<input type="checkbox"/> When moving other electrical parts		
	<input type="checkbox"/> Parts name: <input type="checkbox"/> Operating condition:		

CHECK LIST FOR INTERVIEW

ABS (DIAGNOSTICS)

3. SYMPTOMS

ABS operating condition	<input type="checkbox"/> Performs no work.		
	<input type="checkbox"/> Operates only when abruptly applying brakes.	Vehicle speed:	km/h
			MPH
	• How to step on brake pedal:		
	a) Operating time:		sec
	b) Operating noise: <input type="checkbox"/> Produce / <input type="checkbox"/> Does not produce		
	• What kind of noise?	<input type="checkbox"/> Knock <input type="checkbox"/> Gong gong <input type="checkbox"/> Bong <input type="checkbox"/> Buzz <input type="checkbox"/> Gong gong buzz <input type="checkbox"/> Others:	
c) Reaction force of brake pedal			
	<input type="checkbox"/> Stick <input type="checkbox"/> Press down once with a clunk <input type="checkbox"/> Press and released <input type="checkbox"/> Others:		
Behavior of vehicle	a) Directional stability cannot be obtained or steering refuses to work when applying brakes: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
	• When:	<input type="checkbox"/> Vehicle turns to right <input type="checkbox"/> Vehicle turns to left <input type="checkbox"/> Spins <input type="checkbox"/> Others:	
	b) Directional stability cannot be obtained or steering refuses to work when accelerating: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
	• When:	<input type="checkbox"/> Vehicle turns to right <input type="checkbox"/> Vehicle turns to left <input type="checkbox"/> Spins <input type="checkbox"/> Others:	
	c) Brakes out of order: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
	• What:	<input type="checkbox"/> Braking distance is long <input type="checkbox"/> Brakes lock or drag <input type="checkbox"/> Pedal stroke is long <input type="checkbox"/> Pedal sticks <input type="checkbox"/> Others:	
	d) Poor acceleration: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
	• What:	<input type="checkbox"/> Fails to accelerate <input type="checkbox"/> Engine stalls <input type="checkbox"/> Others:	
	e) Occurrence of vibration: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
	• Where		
	• What kind:		
	f) Occurrence of noise: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
	• Where		
• What kind:			
g) Occurrence of other phenomena: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
• What kind:			

CHECK LIST FOR INTERVIEW

ABS (DIAGNOSTICS)

4. CONDITIONS UNDER WHICH TROUBLE OCCURS

Environment	a) Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Various/Others:	
	b) Ambient temperature	°C (°F)	
	c) Road	<input type="checkbox"/> Urban area <input type="checkbox"/> Suburbs <input type="checkbox"/> Highway <input type="checkbox"/> General road <input type="checkbox"/> Ascending slope <input type="checkbox"/> Descending slope <input type="checkbox"/> Paved road <input type="checkbox"/> Gravel road <input type="checkbox"/> Muddy road <input type="checkbox"/> Sandy place <input type="checkbox"/> Others:	
	d) Road surface	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> New-fallen snow <input type="checkbox"/> Compressed snow <input type="checkbox"/> Frozen slope <input type="checkbox"/> Others:	
Condition	a) Brakes	Deceleration: g	
		<input type="checkbox"/> Continuous / <input type="checkbox"/> Intermittent	
	b) Accelerator	Acceleration: g	
		<input type="checkbox"/> Continuous / <input type="checkbox"/> Intermittent	
	c) Vehicle speed	km/h	MPH
		<input type="checkbox"/> Advancing <input type="checkbox"/> Accelerating <input type="checkbox"/> Reducing speed <input type="checkbox"/> Low speed <input type="checkbox"/> Turning <input type="checkbox"/> Others:	
	d) Tire inflation pressure	Front RH tire:	kPa
		Front LH tire:	kPa
		Rear RH tire:	kPa
		Rear LH tire:	kPa
	e) Degree of wear	Front RH tire:	
		Front LH tire:	
		Rear RH tire:	
		Rear LH tire:	
f) Genuine parts are used.:	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
g) Chain is passed around tires.:	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
h) T tire is used.:	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
i) Condition of suspension alignment:			
j) Loading state:			
k) Repair parts are used.:	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
• What:			
l) Others:			