

Worksheet: Engine performance



Work order # _____ Tech. adviser: _____ Technician: _____

Date: _____ Customer: _____ Tel 1: _____ Tel 2: _____

Year: _____ Make: _____ Model: _____ Engine: _____

License # _____ VIN: _____ Km: _____

Symptoms & conditions		Always	Intermittent	Warm engine	Cold engine	Under load/ Acceleration	Under deceleration	Throttle plate opening %	Outside temperature	Vehicle speed
1	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
2	No start - Engine cranks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3	Stalls after start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4	No fast idle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5	Excessive fast Idle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6	Idle up & down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7	Stalls at stop sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
8	Stalls on the road - cuts out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
9	Lack of power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
10	Hesitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
11	Backfire on the intake side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
12	Backfire on the exhaust side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
13	Pinging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
14	Poor fuel economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			KM/H
15	Malfunction light on	<input type="checkbox"/> Always <input type="checkbox"/> Flashes		Trouble code: _____						
16	What are the last parts replaced and/or repairs made on the vehicle? <input type="text"/>									
17	Was the vehicle involved in an accident? _____ If so which section were touched? _____									
18	Options & equipement					Comments				
	Remote starter: yes <input type="checkbox"/> no <input type="checkbox"/>					<input type="text"/>				
	Alarm/immobilizer: yes <input type="checkbox"/> no <input type="checkbox"/>									
	TPMS: Direct <input type="checkbox"/> Indirect: <input type="checkbox"/>									
	Other acces. <input type="text"/>									