

DOCUMENTATION WORKSHEET



Your Return on Investment Starts Tomorrow.

VEHICLE: _____

SYMPTOM: _____

Level 1 Test Results:

Interview:

1. _____
2. _____
3. _____
4. _____

Research:

1. _____
2. _____
3. _____
4. _____

Visual Inspection:

1. _____
2. _____
3. _____
4. _____

Scan Tool:

1. _____
2. _____
3. _____
4. _____

Road Test/Operation:

1. _____
2. _____
3. _____
4. _____

Personal Experience:

1. _____
2. _____

Level 2 Test Results:

Possible Causes (in order):

1. _____
2. _____
3. _____
4. _____

Best Tests

1. _____
2. _____
3. _____
4. _____

Best Tools

1. _____
2. _____
3. _____
4. _____

Results:

1. _____
2. _____
3. _____
4. _____

Resolution:

Repair Required

1. _____
2. _____

Repair Verification:

1. _____
2. _____