

# AIR CONDITIONING/CLIMATE CONTROL QUESTIONNAIRE

## Service Advisor Job Aid

**Service Advisors:** Fill out this form completely and attach it to the repair order.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Repair Order: \_\_\_\_\_

Advisor: \_\_\_\_\_

Has the vehicle recently been serviced for this problem/symptom?  Yes  No

(Please explain): \_\_\_\_\_

Any other problem/symptom?  Yes  No

(Please explain): \_\_\_\_\_

Where has the vehicle been serviced? \_\_\_\_\_

### 1. What is the nature of the complaint?

A/C odor  Cooling  Heating  Noise

Does the customer turn the A/C switch off prior to reaching destination?

### 2. Is the customer familiar with proper A/C operation?

Yes  No

### 3. When is the problem most noticeable?

Morning  Evening  After starting  Highway speed

Midday  All day  At idle  At any speed

### 4. How long has the customer experienced the problem?

Just started  A few days  One week  Longer \_\_\_\_\_

### 5. ~~Air discharge test results:~~

~~Discharge temp. \_\_\_\_\_ (at center air duct) Blower speed \_\_\_\_\_  Fresh  Recirculation~~

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_