

FUEL & EMISSIONS 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? _____

Fuel Injected Programmed Carb. Carb. (Skip to #6)

1. **Has the check engine light [Malfunction Indicator Lamp (MIL)] come on?** Yes No

2. **Is the light currently on?** Yes No

3. **When did you notice the light come on?**

After starting engine When Accelerating (_____ RPM)
 At idle When Decelerating (_____ RPM)
 After _____ miles/minutes When Cruising (_____ RPM)

4. **What was the ambient air temperature at the time of failure?** _____ **Degrees**

5. **What was the coolant temperature gauge reading at the time of failure?** _____ **(needle position)**

6. **Driveability problems? Can the problem be duplicated now?** Yes No

Power loss cold (_____ RPM) Power loss hot (_____ RPM)
 Hesitation cold (_____ RPM) Hesitation hot (_____ RPM)
 Decreased fuel economy Sulphur smell
 Other: _____ Smoke from Tailpipe

7. **Starting problem?**

Cold engine Warm engine Stalls (_____ times)
 Morning Afternoon Soak time (_____ min.)
 Cranking time (_____ seconds) Misfire

Is the customer familiar with proper starting procedures? Yes No

8. **Idle problems?**

Cold engine Idles low (_____ RPM)
 Morning Idles high (_____ RPM)
 Both Rough idle/misfire

9. **Other Comments:** _____

