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Failure to complete form will result in delays in the testing of your unit

Company Details		
Company Name:		·
Phone number:	Fax number:	
Contact person:		_
Vehicle details		
	Model	
	VIN:	
Engine code		
Part for testing		
Fault Information		
Does the vehicle crank	YES	NO
Does the vehicle start	YES	NO
Does the vehicle have injection pulse	YES	NO NO NO NO
Does the vehicle have spark	YES	
Does the fuel pump work	YES	
Is the fuel pressure and flow within spe	ecifications YES	
Are power supplies and grounds within	n specification YES	
Is the check engine light illuminated	YES	NO
If YES list all fault codes		_
Is the fault intermittent	YES NO	
If YES describe conditions when the pr	roblem occurs and frequency	
		_ _
What are the symptoms of the vehicle	(eg misfire, running rich, idle fault etc)	
		_
		_
What other work has been carried out e	g timing belt, replaced parts etc	