

DIAGNOSTIC FORM FOR:

DRIVABILITY



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Customer Name: _____

Date: _____ RO#: _____



Please check all applicable boxes and fully describe the condition that applies to your vehicle.

1. THIS IS THE PROBLEM

- Hard starting
- Engine cranks
- No crank
- Idle is rough
- Idle is high
- Idle fluctuates
- Engine hesitates or stumbles
- Engine misfires or skips
- Poor MPG
- _____ MPG before _____ MPG now
- Other, please describe _____

CHECK ENGINE LIGHT IS ON

- Check engine light is on
- Check engine light was on during the past month
- Check engine light goes on and off

What was the last service performed on the car?

Has the check engine light been on before?
 Yes No
If so, when? (date) _____

2. IT OCCURS AS FOLLOWS

- The problem occurs:**
- Always
 - Sometimes (once or twice a week)
 - Rarely (once or twice a month)
 - Just started
 - Has happened since the car was new

- Engine temperature:**
- Cold
 - While warming up
 - Normal operating temperature
 - Hot
 - All of the above

- Outside temperature was:**
- Cold
 - Warm
 - Hot
 - Humid or raining
 - Other, please describe _____

- Driving conditions:**
- Accelerating
 - Hard Medium Light
 - Decelerating
 - Cruising
 - Cornering

Additional Information