DIAGNOSTIC FORM FOR:

Customer Name: \_

## **HEATING AND COOLING SYSTEM**



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Date:R	<b>0#:</b> <u>www.baautocare.com</u>
Please check all applicable boxes and fully describe the condition that applies to your vehicle.	
1. THIS IS THE PROBLEM	2. <u>IT OCCURS AS FOLLOWS</u>
Air Conditioning Is there any cooling effect?  Yes No	Unusual Noises  Unusual Noises (please describe)
If yes, how long does it take to cool the vehicMinutes/Miles (please indicate)	
How many days since the air conditioning was operated?days	s last  Noise occurs when A/C compressor is on
☐ Noise occurs when A/C compressor is on	
Outlet temperature fluctuates back and for	
Heating	Unusual Odor
☐ Heating doesn't work properly.	Unusual smells (please describe)
Is there any heating effect?   Yes  No lif yes, how long does it take to warm the veh  Minutes/Miles (please indicate)	
ivilitates/ivilies (please indicate)	
Airflow	The Problem Started:
☐ Airflow cannot be changed to different ou	lets. Suddenly at(odometer)  Gradually at(odometer)
Which outlets do not work?	Just started at(odometer)
☐ Center	☐ Since vehicle was new
Left (driver) side	The Brokleys Consumer
☐ Right (passenger) side ☐ Floor	The Problem Occurs:
☐ Defrost	☐ Rarely ☐ Sometimes
□ beliest	☐ Always
☐ Air intake cannot be changed	
Which does not work?	
☐ Fresh air (outside)	
☐ Recirculating air	
Additional Information	