

DIAGNOSTIC FORM FOR:

AUTOMATIC TRANSMISSION



Customer Name: _____

Date: _____ RO#: _____

5302-50 AVE, LLOYDMINSTER, AB, T9V 0W8
PHONE: 780-875-9008

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

1. THIS IS THE PROBLEM

Transmission

- Transmission/transaxle does not shift properly
- Slow, mushy or early shift
- Rough, harsh, or delayed shift
- Slippage (engine speed increases at initial takeoff or when shifting)
- No up shift
- No downshift
- Will not shift at all

Engine starts in positions other than "P" or "N"

Unusual noises **(Please describe)**

The problem occurs:

- Rarely
- Sometimes
- Always

Any warning lights on?

- Yes
- No

Check engine light on?

- Yes
- No

Additional Information

2. IT OCCURS AS FOLLOWS

Gear Selector

When gear selector lever is in:

- P R N OD D 1 2

Between gear positions:

- 1&2 2&3 3&4 (overdrive)

Driving Conditions

- Accelerating
- Decelerating
- Braking. When vehicle speed is _____ mph
- Low RPM
- Medium RPM
- High RPM

Engine Temperature

- Cold Normal Hot

Transmission Temperature

- Cold Hot

Outside Temperature

- Cold Average Hot

The problem started:

- Suddenly at _____ (odometer)
- Gradually at _____ (odometer)
- Just started at _____ (odometer)
- Since car was new