



## Customer Vehicle Noise Condition Worksheet

### Area of Noise (check all that apply)

- |  |                                  |                                       |                                 |                                     |
|--|----------------------------------|---------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Engine Compartment      | <input type="checkbox"/> Left    | <input type="checkbox"/> Right        | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Front of Vehicle        | <input type="checkbox"/> Left    | <input type="checkbox"/> Right        | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Rear of Vehicle         | <input type="checkbox"/> Left    | <input type="checkbox"/> Right        | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Passenger Compartment   | <input type="checkbox"/> Left    | <input type="checkbox"/> Right        | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Instrument Panel (Dash) | <input type="checkbox"/> Left    | <input type="checkbox"/> Right        | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Doors                   | <input type="checkbox"/> Left    | <input type="checkbox"/> Right        | <input type="checkbox"/> Center | <input type="checkbox"/> Don't know |
| Driver Side left Front                           |                                  | Passenger Side Right Front            |                                 |                                     |
| Driver Side left Rear                            |                                  | Passenger Side Right Rear             |                                 |                                     |
| <input type="checkbox"/> Rear seat areas         | <input type="checkbox"/> Console | <input type="checkbox"/> Other: _____ |                                 |                                     |

### Noise Sounds Like (check all that apply)

- |                                       |                                     |                                      |                                   |                                  |
|---------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Knocks       | <input type="checkbox"/> Hard Metal | <input type="checkbox"/> Light Metal | <input type="checkbox"/> Roars    | <input type="checkbox"/> Ticking |
| <input type="checkbox"/> Whine        | <input type="checkbox"/> Squeaks    | <input type="checkbox"/> Rattle      | <input type="checkbox"/> Scraping |                                  |
| <input type="checkbox"/> Other: _____ |                                     |                                      |                                   |                                  |

### When Does it Occur? (check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> All the time           | <input type="checkbox"/> Speed _____ mph | <input type="checkbox"/> RPM _____           | <input type="checkbox"/> Only Moving         |
| <input type="checkbox"/> On Turns               | <input type="checkbox"/> Braking         | <input type="checkbox"/> Hard Throttle       | <input type="checkbox"/> Light Throttle      |
| <input type="checkbox"/> Steady Speed _____ mph | <input type="checkbox"/> @ Idle in Drive | <input type="checkbox"/> Idle in Park        | <input type="checkbox"/> Hot Days            |
| <input type="checkbox"/> Cold Days              | <input type="checkbox"/> Warm Days       | <input type="checkbox"/> Humid or Rainy Days | <input type="checkbox"/> Temperature _____ F |
| <input type="checkbox"/> Heavy Bumps            | <input type="checkbox"/> Light Bumps     | <input type="checkbox"/> Smooth Pavement     |  |

### How Often Does it Occur? (check one)

- Continuous   
  Often   
  Intermittent   
  Just Started   
  Since New

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_