AUTOMATIC TRANSMISSION DIAGNOSIS INFORMATION SHEET

1. Dealer Code | R.O.# | Date | Model Year

VIN Number | Mileage (No Tenths)

2. CUSTOMER CONCERN: (Check Appropriate Box)

Shifting/Engagements:	Does Not Occur	Slips	Delayed	Harsh
A. Engagements into drive	☐	☐	☐	☐
B. Engagements into reverse	☐	☐	☐	☐
C. 1-2 Upshift	☐	☐	☐	☐
D. 2-3 Upshift	☐	☐	☐	☐
E. 3-4 Upshift	☐	☐	☐	☐
F. Downshifts	☐	☐	☐	☐
G. Kickdowns	☐	☐	☐	☐

Noise/Vibration: ☐ Clunk ☐ Whine ☐ Buzz Other: _____

Condition Occurs: ☐ Hot ☐ Cold

Frequency: ☐ Intermittent ☐ Always

Other: _____

3. TECHNICIAN DIAGNOSES:

Are there any vehicle modifications ☐ Yes ☐ No

If Yes, describe: _____

Visual Inspection: (Note Leaks) _____

Fluid Condition: ☐ Burnt ☐ Normal

Fluid Level: ☐ Correct ☐ High ☐ Low

A. Self Test Codes Before Repair

KOEO: _____

CONT: _____

KOER: _____

B. TP (FIPL) Gage Block Setting If Diesel (Check One)

☐ Solid Tone (OK)

☐ Slow Beep(Low Adjustment)

☐ Fast Beep (high Adjustment)

Was Transmission Tester used for Diagnostics ☐ Yes ☐ No

Shift Linkage TR/MLPS Setting ☐ Correct ☐ Incorrect

Metal In Pan ☐ Yes ☐ No

C. Line Pressure (Record Applicable Data)

	IDLE	WOT
P	____	N/A
R	____	____
N	____	N/A
OD	____	____
D	____	____
2	____	____
1	____	____

4. TRANSMISSION IDENTIFICATION: (Removed From Vehicle) ☐ Original Unit ☐ Reman Unit

Part No. _____ Serial No. _____ Model No. _____

5. REPLACEMENT TRANSMISSION IDENTIFICATION: (Installed into Vehicle) Installation Date _____

Service Part No. _____ Serial No. _____

6. BEFORE REQUIRED ROAD TEST OF VEHICLE WITH REPLACEMENT TRANSMISSION, ALL SELF TEST ERROR CODES MUST BE REPAIRED/CLEARED.

Test Drive Results After Service: ☐ Acceptable ☐ Unacceptable

Self Test Error Codes After Required Road Test Evaluation:

KOEO: _____ **CONT**: _____ **KOER** _____