CHRYSLER Jeep SERVICE

Automatic Transmission Diagnostic Checksheet

Dealer Name _____ Dealer Code _____ Date _____

Contact Name _____ Phone/Cell _____ WRO _____

Last 8 Digits of VIN _____ Mileage _____ Repeat Complaint? Yes ____ No ____

Complaint _____

SERVICE ADVISOR SECTION

Check all that apply

	Does Not Occor	Slips	Late or Delayed	Early	Harsh	Shudder	Search Busy	Stalls
Engagement into Drive								
Engagement into Reverse								
1-2 Upshift								
2-3 Upshift								
3-4 Upshift								
4-5 Upshift								
5-6 Upshift								
6-5 Downshift								
5-4 Downshift								
4-3 Downshift								
3-2 Downshift								
2-1 Downshift								
Kickdown/WOT Accel (Indicate gears ie 3-2)								
Converter Lockup								

When does this Performance Related Concern occur? Please check all that apply.

Always		At idle		Braking		High altitude		On severe incline/grade	
Intermittent		Part throttle		Cornering		Extremely hot (above 90° F)		Gear selector position	
Trans cold		Wide open throttle		Unable to duplicate		Extremely cold (below 10° F)		Autostick only ?	
Trans hot		At _____ mph		With A/C on		While towing			

Leaks: When _____ Where _____

NOISE CONCERN / CIRCLE Buzz Whine Clunk Rattle
WHICH OCCURS: Moving Still In Gear Out of Gear

TECHNICIAN SECTION

Fluid Level: Correct _____ Low _____ High _____ Condition: Normal _____ Burnt _____
Clutch Volumes: L/R _____ 2C/2-4 _____ OD _____ 4C _____ UD _____ LC _____ DC _____ R _____
Shift Lever Status Test: Passed _____ Failed _____

Fault Codes Before Repair / Replace: PCM _____
TCM _____
TCM Part Number: _____
Cooler Pressure Test Results: _____
Cooler Flow Rate: _____

Line Pressure	Gauge	Scan Tool	Desired
Park			
Reverse			
Drive			

Are there any non-factory installed devices or modifications to the vehicle (CB radio, axle ratio changes, tire size changes, heavy electrical draw add on's, etc.) Yes _____ No _____
If yes, please describe. _____
Is this a taxi, fleet or delivery vehicle? Yes _____ No _____

TECHNICIAN DIAGNOSIS: _____

TECH ID#: _____ TECH SIGNATURE: _____