

# CREATING AND SUBMITTING CLAIMS

## Work Order Write-Up and Handling

### Service Advisor/Consultant Audio Diagnostic Worksheet!

	SERVICE ADVISOR/CONSULTANT AUDIO DIAGNOSTIC WORKSHEET		
<b>INSTRUCTIONS</b> This quick troubleshooting worksheet is intended to help diagnose the customer's audio symptoms as described to you over the telephone. First write down some initial customer information as indicated below. Once you have recorded the customer's audio symptoms and have identified it to be radio, sound, tape, or CD related symptom, go to the reverse side of this form and use the Diagnostic Tree to determine if you need an audio diagnostic appointment or order an audio exchange unit.			
<b>GENERAL SYMPTOM</b> <input type="checkbox"/> NO POWER (DEAD) <input type="checkbox"/> NO ILLUMINATION <input type="checkbox"/> NO CLOCK <input type="checkbox"/> BUTTON OPERATION <input type="checkbox"/> APPEARANCE <input type="checkbox"/> POWER ANTENNA <input type="checkbox"/> MAIN VOLUME OPERATION WORKS OR NOT  <input type="checkbox"/> OTHER: (explain here)	<b>SOUND SYMPTOM</b> <input type="checkbox"/> NO SOUND <input type="checkbox"/> LOW OUTPUT <input type="checkbox"/> POP/STATIC NOISE <input type="checkbox"/> DISTORTION <input type="checkbox"/> POOR FREQUENCY <input type="checkbox"/> PORTABLE PHONE NOISE  <b>*MODE</b> <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TAPE <input type="checkbox"/> CD <input type="checkbox"/> ALL <input type="checkbox"/> VIDEO  <b>*SPEAKER</b> <input type="checkbox"/> FRONT RIGHT <input type="checkbox"/> FRONT LEFT <input type="checkbox"/> REAR RIGHT <input type="checkbox"/> REAR LEFT <input type="checkbox"/> SUBWOOFER	<b>TAPE SYMPTOM</b> <input type="checkbox"/> LOADS / NO PLAY THEN EJECT <input type="checkbox"/> LOADS / NO PLAY THEN NO EJECT <input type="checkbox"/> SOUNDS MUFFLED <input type="checkbox"/> WON'T EJECT <input type="checkbox"/> EATS TAPE <input type="checkbox"/> PLAYS SLOW / FAST <input type="checkbox"/> WON'T FF / REW <input type="checkbox"/> NO APS FUNCTION <input type="checkbox"/> DOLBY <input type="checkbox"/> AUTO REVERSE <input type="checkbox"/> PROG CHANGE <input type="checkbox"/> MECHANICAL NOISE <input type="checkbox"/> OTHER:	<b>CD SYMPTOM</b> <input type="checkbox"/> LOADS / NO PLAY THEN EJECT <input type="checkbox"/> LOADS / NO PLAY THEN NO EJECT <input type="checkbox"/> SOUND SKIPS <input type="checkbox"/> DISC SKIPS ALL 6 DISCS <input type="checkbox"/> WON'T LOAD <input type="checkbox"/> WON'T EJECT / DISC STUCK <input type="checkbox"/> NO TRACK CHANGE <input type="checkbox"/> NO DISC CHANGE <input type="checkbox"/> MECHANICAL NOISE <input type="checkbox"/> DAMAGES DISC <input type="checkbox"/> ERROR MESSAGE (Err. Type: _____) <input type="checkbox"/> OTHER:
<b>RADIO SYMPTOM</b> <input type="checkbox"/> POOR RECEPTION (Radio Station(s) _____) <input type="checkbox"/> SEEK / SCAN / TUNING <input type="checkbox"/> CANNOT SELECT STATION <input type="checkbox"/> NO PRESET MEMORY <input type="checkbox"/> OTHER:		<b>WHAT TYPE OF CD DOES THE CUSTOMER USE?</b> <input type="checkbox"/> RETAIL CD (NORMAL CD) (Title _____) <input type="checkbox"/> AUDIO CD-R (Title _____) <input type="checkbox"/> CD-RW <input type="checkbox"/> WITH LABEL <input type="checkbox"/> WITHOUT <input type="checkbox"/> ONLY SPECIFIC CD <input type="checkbox"/> CRACKED OR CHIPPED CD	
<b>SYMPTOM OCCURS:</b> <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent How Often? Vehicle Running <input type="checkbox"/> Smooth Road <input type="checkbox"/> Rough Road <input type="checkbox"/> Over Bumps <input type="checkbox"/> Lane Changes <input type="checkbox"/> City / Metro <input type="checkbox"/> Rural <input type="checkbox"/> Hills / Mountains <input type="checkbox"/> Basins / Valleys <input type="checkbox"/> Engine Running <input type="checkbox"/> Engine Off <input type="checkbox"/> In Building / Tunnel <input type="checkbox"/> Same Location <input type="checkbox"/> Hot Ambient ____°F <input type="checkbox"/> Cold Ambient ____°F <input type="checkbox"/> Rainy / Humid <input type="checkbox"/> Moming <input type="checkbox"/> Day <input type="checkbox"/> Night			
<b>How was the customer using the audio unit just before the symptom appeared?</b>			
<b>Your Verification Results:</b> Did you duplicate the customer complaint? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you change any other Audio Equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Did customer visit dealership for diagnosis? YES <input type="checkbox"/> NO <input type="checkbox"/> Is this an Audio One type of exchange? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Customer:		Phone #:	Date:
Model:	Year:	In-Service Date:	Mileage:
VIN: _____			
Faceplate ID: _____		NNA Part #: _____	
Has vehicle been placed into service? YES <input type="checkbox"/> NO <input type="checkbox"/>		Has inquiry for in-service date been printed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Warranty <input type="checkbox"/>	Replacement Part <input type="checkbox"/>	Prior Replacement Date: _____	
Goodwill <input type="checkbox"/>	Goodwill is: Region-approved <input type="checkbox"/>	Dealer self-approved <input type="checkbox"/>	Is vehicle in warranty? YES <input type="checkbox"/> NO <input type="checkbox"/>
Infiniti Extended Protection Plan <input type="checkbox"/>		Infiniti Extended Protection Plan Contract# _____	
Dealer Name: _____		Contact Name: _____	Dept: Parts <input type="checkbox"/> Service: <input type="checkbox"/>
Dealer Code: _____	Dealer Phone #: _____	Dealer FAX #: _____	
<i>Use this form to order an exchange unit by telephone or facsimile and return this form with the inoperative audio unit in the original box to the audio supplier within 48 hours of repair</i>			
<b>VENDOR ACKNOWLEDGEMENT SECTION</b>			
Repair facility acknowledges receipt of your facsimile by phone or return of this form via facsimile with its verification number			
Verification#:		Comments:	