



Driveability Checklist

Vehicle Information

Date:	RO #:	Customer Name:
Year:	Model:	Mileage/Hrs:
Service History? No <input type="checkbox"/> Yes <input type="checkbox"/> (see attached)		VIN:

Customer Complaint/Notes

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Driveability Symptoms

Check all symptoms that apply to the vehicle

Check Engine light

- | | | |
|--------------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Goes out normally | <input type="checkbox"/> Blinks | <input type="checkbox"/> Stays on |
|--------------------------------------------|---------------------------------|-----------------------------------|

When starting, the engine

- | | | |
|------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Cranks normally | <input type="checkbox"/> Cranks slowly | <input type="checkbox"/> Will not crank |
| <input type="checkbox"/> Starts normally | <input type="checkbox"/> Will not start | <input type="checkbox"/> Is difficult to start when: |
| <input type="checkbox"/> Starts and dies | <input type="checkbox"/> Backfires/pops | <input type="checkbox"/> <i>Warmed up</i> <input type="checkbox"/> <i>Cold</i> |

When idling, the engine

- | | | |
|-----------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Idles normally | <input type="checkbox"/> Idles too low | <input type="checkbox"/> Will not idle |
| <input type="checkbox"/> Idles roughly | <input type="checkbox"/> Idles too high | Idle issue occurs when: |
| <input type="checkbox"/> Surges (up and down) | <input type="checkbox"/> Backfires/pops | <input type="checkbox"/> <i>Warmed up</i> <input type="checkbox"/> <i>Cold</i> |

When riding, the engine

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Stumbles/Surges/Hesitates | <input type="checkbox"/> Stalls | <input type="checkbox"/> Has a fuel/gas odor |
| <input type="checkbox"/> Misses | <input type="checkbox"/> Stalls when placed in gear | <input type="checkbox"/> Runs too hot |
| <input type="checkbox"/> Backfires | <input type="checkbox"/> Stalls when slowing or stopping | <input type="checkbox"/> Runs too cold |
| <input type="checkbox"/> Pings (spark knock, detonation) | <input type="checkbox"/> Lacks power (sluggish) | <input type="checkbox"/> Other, state in Notes |
| <input type="checkbox"/> Smokes excessively: <i>Smoke is</i> <input type="checkbox"/> <i>Black</i> <input type="checkbox"/> <i>Blue</i> <input type="checkbox"/> <i>White</i> | | |

Other Symptoms

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Transmission shift problems (see below): | <input type="checkbox"/> Poor fuel mileage |
| <input type="checkbox"/> <i>Too soon</i> <input type="checkbox"/> <i>Too late</i> <input type="checkbox"/> <i>Very difficult/won't</i> <input type="checkbox"/> <i>Slips out</i> | <input type="checkbox"/> Other, state in Notes |

Occurrence of Symptom(s)

Check all conditions under which the symptom(s) occur

Conditions of Occurrence

Time of day:

- ☐ Morning
- ☐ Midday
- ☐ Evening
- ☐ Night

Speed:

- ☐ Idle
- ☐ Low speed
- ☐ Stop and go
- ☐ Highway (cruise)
- ☐ High speed
- ☐ Acceleration: ☐ *Easy* ☐ *Moderate* ☐ *Heavy*
- ☐ Deceleration: ☐ *Easy* ☐ *Moderate* ☐ *Heavy*

Distance:

- ☐ Less than 2 miles
- ☐ From 2 to 10 miles
- ☐ More than 10 miles
- ☐ Hrs:_____ Mins:_____

Conditions:

- ☐ Uphill
- ☐ Downhill
- ☐ Flat

Frequency of Occurrence

- ☐ Always
- ☐ Intermittently
- ☐ After storage: _____ months
- ☐ Since New
- ☐ After fuel fill
- ☐ After service/repair/modification: Type: _____
- ☐ After _____ miles/hrs

Environmental Conditions

- ☐ Cold weather. *Est. temp:*_____
- ☐ Wet/Raining
- ☐ Fog
- ☐ Hot weather. *Est. temp:*_____
- ☐ Snow
- ☐ Dirt/Dust
- ☐ High winds
- ☐ Altitude in feet: _____

Engine Conditions

- Temperature: ☐ *Normal operating* ☐ When shifting
- ☐ *All temps* ☐ *Cold (cold start)* ☐ While turning
- ☐ *Hot (after hot soak)* ☐ While braking
- ☐ While accelerating
- ☐ While holding speed
- ☐ While decelerating

Riding Habits

- ☐ Start cold engine and drive immediately
- ☐ Start cold engine and allow to warm up
- ☐ Park in garage
- ☐ Park outside
- ☐ Mostly highway driving
- ☐ Stop and go
- ☐ Trailered
- ☐ Mostly city driving
- ☐ Trail riding

Average miles or hours ridden per day: _____

Fuel Quality

Type/Brand of fuel used: _____

Octane rating: ☐ 87 ☐ 89 ☐ 91 ☐ Greater than 91 ☐ Race fuel ☐ Other: _____

Ethanol content: _____ % Last fill-up date: _____ Miles or Hours since: _____

Previous Repair

- ☐ Previous repair attempted for this symptom(s). Give details in Notes section on reverse of page.