DIAGNOSTIC FORM FOR:



NOISE, VIBRATION OR HARSHNESS

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Customer Name:	
Date:	RO#:
Please check all applicable boxes and fully describe the condition that applies to your vehicle.	
1. THIS IS THE PROBLEM	2. IT OCCURS AS FOLLOWS
Vehicle is making a noise	Heard or felt from part of the car
The noise sounds like:	[] Front [] Right [] Left
[] Bump [] Clunk	[] Rear [] Right [] Left
[] Rattle [] Squeak	[] Inside of car
[] Boom [] Drone	[] Under the car
[] Whine [] Growl	
Other, describe	It occurs at:
	[] Idle [] Light Acceleration
Vehicle has a vibration	[] Medium Acceleration [] Heavy Acceleration
[] The vibration might sound like:	MPH MPH
[] Buzz [] Rattle	
[] Growl [] Resonating	It happens:
Other, describe	[] All the time [] Once a week
	[] Once a day [] Once a month
Vehicle has a harshness	[] Last time the problem occurred
The vehicle is making a:	Other, please describe
[] Buzz [] Hum	
[] Growl [] Boom	The engine was:
[] Drone [] Other, please describe	[] Cold [] Hot [] Normal operating temperature
[1] Stone [1] Strong please december	[1] cost [1] view [1] viewnal operating temperature
[] Spend 1 hour diagnosing the problem,	The outside temperature was:
and make sure vehicle is safe.	[] Cold [] Warm [] Hot
	[] Dry [] Sunny [] Raining
[] Spend up to 3 hours diagnosing the	[] Other, describe
problem.	
Is the problem getting worse?	AC on? [] Yes [] No
[] Yes	Windows down? [] Yes [] No
[] No	Towing a trailer? [] Yes [] No
	Other
Additional Information:	
	+
-	