|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fiche de diagnostic | | | | | | | | | | | | | | | Le / /20 | | | | |
| **Client** | | | | | | | | | | | **Véhicule :** | | | | | | | | |
| **Nom** | | | | | **🕿 :** | | | | | | **1ère mise en circulation** | | **Type mine** | | | **Kms** | | | |
| **🖁**: | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Rappel plainte client** | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Questions client :** | | |  | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  |
| **Contrôles préliminaires** | | | | | | | |  | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Système en dysfonctionnement** | | | | | | | |  | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  |
| **Niveau test** | | | | | | | | | | | | | | | | | | | |
| Hypothèses | | Tests | | | | | | | | **Conditions de mesure**  **N° des voies** | | **Valeurs ou constats attendus** | | **Valeurs ou constats relevés** | | | **Conclusions Actions** | | |
|  | |  | | | | | | | |  | |  | |  | | |  | | |
|  | |  | | | | | | | |  | |  | |  | | |  | | |
|  | |  | | | | | | | |  | |  | |  | | |  | | |
|  | |  | | | | | | | |  | |  | |  | | |  | | |
|  | |  | | | | | | | |  | |  | |  | | |  | | |
|  | |  | | | | | | | |  | |  | |  | | |  | | |
|  | |  | | | | | | | |  | |  | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Composants en dysfonctionnement** | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Origine du défaut** | | | |  | | | | | | | | | | | | | | | |
| **Conséquences possibles** | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Proposition de remise en conformité** | | | | | | | | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |