

|  |  |
| --- | --- |
| **Name:** |  |

**WORK JOURNAL DIAGNOSTIC REPORT**

|  |  |
| --- | --- |
| Date: |  |

|  |  |  |
| --- | --- | --- |
| Mentor | VIN | Date In **/ /** |
| RO# | Model | Year | Color | Date Out **/ /** |
| Mileage In | Mileage Out | Body Style | Eng. | Trans. Type |

**SECTION A: VEHICLE MAINTENANCE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lube |  | Change Oil & Filter |  | Service Air Cleaner |  | Balance Wheels |  | Rotate Tires |  | Emission Control Service |  | Service Hoses & Belts |  | P.D.I. |

**SECTION B: RESOURCE MATERIALS AND BASIC DATA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnostic Tools (List)** | **Resources Used** | **Page / Doc #** | **Measurements Recorded** | **Trouble Codes (DTC#)** |
|  | Service Manual |  | Battery Voltage |  |
|  | Tech Bulletin |  | Other |  |
|  | Diag. Equip. |  |  |  |
|  | Other |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| How many hours did it take you to complete this service or repair? (Example: 2.7 hours) |

**SECTION C: WORK EXPERIENCE**

List the things you did, resources you used, diagnostic procedures, adjustments, parts replaced and measurements taken that helped you and your mentor verify the concern, identify the cause and make the necessary corrections. It is your responsibility to keep accurate records of your worksite learning experiences.

**Skill Area Utilized for this Report (Circle)**

A1 Engine Repair

A2 Automatic Trans. and Transaxle

A3 Manual Drive Train and Axles

A4 Suspension & Steering

A5 Brakes

A6 Electrical/ Electronic Systems

A7 Heating and Air Conditioning

A8 Engine Performance

|  |  |
| --- | --- |
| **CUSTOMER CONCERN:** |  |
|  |  |
|  |  |
|  | Perform Checks/Inspect: |  |
|  |  |
|  | Recent Bulletin Referencing Concern: |  |
|  |  |
|  | Other Observations: |  |
|  |  |
|  |  |  |
| **CAUSE:** |  |
|  |  |
|  | Technician Diagnosis: |  |
|  |  |
|  | Determine if vehicle is operating to design: |  |
|  |  |
|  | Cause identified as: |  |
|  |  |

|  |  |
| --- | --- |
| **CORRECTION:** |  |
|  |  |
|  |  |
|  | Procedure followed: (from service manual, tech bulletins, tech assistance, etc.) How did you do the service/repair? |  |
|  |  |
|  |  |
|  | What did you adjust/replace? |  |
|  |  |
|  |  |
|  | Correction verified by: (system measurement, scan tool, system operation check, etc.) |  |
|  |  |  |
|  |  |
| Instructor Signature |  |  | Mentor Signature |  |