5899

REPAIR DATA FORM

To be filled out by the person performing repairs.

00036642

For each repair item there are six possible actions. Fill in the appropriate circles solidly using a dark pen. Only fill in circles on items that were actually serviced.

Name of Person Performing Repairs

Repair Facility Name (If Applicable)

Repair Facility Tax ID

Technician's SS Number

	Repair Facility Tax ID	Technician's SS Number		
1	○○○○○○○○○	1	○○○	○○	○○○○
2	○○○○○○○○○	2	○○○	○○	○○○○
3	○○○○○○○○○	3	○○○	○○	○○○○
4	○○○○○○○○○	4	○○○	○○	○○○○
5	○○○○○○○○○	5	○○○	○○	○○○○
6	○○○○○○○○○	6	○○○	○○	○○○○
7	○○○○○○○○○	7	○○○	○○	○○○○
8	○○○○○○○○○	8	○○○	○○	○○○○
9	○○○○○○○○○	9	○○○	○○	○○○○
0	○○○○○○○○○	0	○○○	○○	○○○○

Person performing the repairs is: (Mark one)

○ Motorist

○ Repair Technician

Recommended | Recommended-Not Done | Warranty | Adjusted | Replaced | Repaired

Fuel Delivery System

○○○○○○ Carb Adjustments
○○○○○○ Carburetor
○○○○○○ Choke
○○○○○○ Cold Start
○○○○○○ Fuel Filter
○○○○○○ Gas Cap
○○○○○○ Hoses
○○○○○○ Injector Cleaning
○○○○○○ Injector(s)
○○○○○○ Inlet Restrictor
○○○○○○ Pump
○○○○○○ Regulator
○○○○○○ Tank

Idle Speed Controls

○○○○○○ Hose/Linkage
○○○○○○ Motor/Valve/Solenoid
○○○○○○ Passage
○○○○○○ Speed Adjustment

Air Injection System

○○○○○○ Belt
○○○○○○ Check Valve
○○○○○○ Control
○○○○○○ Pump
○○○○○○ Tubes
○○○○○○ Valves

Ignition System

○○○○○○ Cap/Rotor
○○○○○○ Coil
○○○○○○ Distributor
○○○○○○ Timing Adjustment
○○○○○○ Module
○○○○○○ Plugs
○○○○○○ Spark Adv. Control
○○○○○○ Wires

EGR System

○○○○○○ Control System
○○○○○○ Passage/Hose
○○○○○○ Sensor
○○○○○○ Valve

Evaporative Emissions System

○○○○○○ Carbon Canister
○○○○○○ Control
○○○○○○ Filter
○○○○○○ Hoses
○○○○○○ Purge Valve

Recommended | Recommended-Not Done | Warranty | Adjusted | Replaced | Repaired

Catalytic Converter System

○○○○○○ Converter
○○○○○○ Heat Shield
○○○○○○ Pre-heat Cat

Engine Mechanical

○○○○○○ Exhaust Components
○○○○○○ Manifold(s)
○○○○○○ Oil Change
○○○○○○ Transmission
○○○○○○ Turbo/Supercharger
○○○○○○ Vacuum Leak
○○○○○○ Valve(s)
○○○○○○ Valve Timing

Air Induction System

○○○○○○ Air Filter
○○○○○○ Ducts
○○○○○○ Sensor
○○○○○○ Thermostatic Air Door
○○○○○○ Throttle Bore

Other Components

Please print using BLOCK LETTERS that do not touch the sides of the boxes. Use a dark pen.

○○○○○○

○○○○○○

Recommended | Recommended-Not Done | Warranty | Adjusted | Replaced | Repaired

PCV System

○○○○○○ Crankcase Ventilation
○○○○○○ Hose
○○○○○○ Passage
○○○○○○ Valve

Electronic Engine Controls

○○○○○○ AIR Control
○○○○○○ Canister Purge Control
○○○○○○ Coolant Sensor
○○○○○○ ECM
○○○○○○ EGR Control
○○○○○○ Idle Control
○○○○○○ MAP Sensor/Switch
○○○○○○ Mass Air Flow Sensor
○○○○○○ Mixture Control
○○○○○○ O2 Sensor
○○○○○○ Pressure Sensor
○○○○○○ Relay
○○○○○○ RPM Sensor/Switch
○○○○○○ Spark Control
○○○○○○ Temp Sensor/Switch
○○○○○○ Throttle Pos. Sensor/Switch
○○○○○○ Vehicle Speed Sensor

Parts Total	Labor Total	Warranty Total	Overall Repair Total
$ ____ . __	$ ____ . __	$ ____ . __	$ ____ . __
1 ○○○○ ○○	1 ○○○○ ○○	1 ○○○○ ○○	1 ○○○○ ○○
2 ○○○○ ○○	2 ○○○○ ○○	2 ○○○○ ○○	2 ○○○○ ○○
3 ○○○○ ○○	3 ○○○○ ○○	3 ○○○○ ○○	3 ○○○○ ○○
4 ○○○○ ○○	4 ○○○○ ○○	4 ○○○○ ○○	4 ○○○○ ○○
5 ○○○○ ○○	5 ○○○○ ○○	5 ○○○○ ○○	5 ○○○○ ○○
6 ○○○○ ○○	6 ○○○○ ○○	6 ○○○○ ○○	6 ○○○○ ○○
7 ○○○○ ○○	7 ○○○○ ○○	7 ○○○○ ○○	7 ○○○○ ○○
8 ○○○○ ○○	8 ○○○○ ○○	8 ○○○○ ○○	8 ○○○○ ○○
9 ○○○○ ○○	9 ○○○○ ○○	9 ○○○○ ○○	9 ○○○○ ○○
0 ○○○○ ○○	0 ○○○○ ○○	0 ○○○○ ○○	0 ○○○○ ○○

I certify that these repairs were completed solely in an attempt to bring this vehicle into compliance with State of Indiana vehicle emissions standards.

Signature of the person performing the repairs

Date

rev3 10/30/90