Smells

Customer Name: _____ Date:_____ RO#: _____

Please check all applicable boxes and fully describe the condition that applies to your vehicle:

1. THIS IS THE PROBLEM

How many times have you noticed the smell?
_____

Smell is
__ Sweet __ Chemical
__ Exhaust __ Gas
__ Burning __ Electrical
__ Musty __Damp
__ Rubber __ Rotten Egg
__ Dead Animal __Mildew
__ Other, _____
_____

How long has it happened? _____
_____

Has another shop checked for this problem?
_____

2. IT OCCURS AS FOLLOWS

Smell is coming from _____ part of the car
__ **Front** __ Right __ Left
__ **Rear** __ Right __ Left
__ Inside of car __ Outside of car
__ Under the car __ From vents
__ After car has sat. How long? _____

It occurs at
__ Idle __ Light Acceleration
__ Medium Acceleration __ Heavy Acceleration
_____ MPH

The engine was
__ Cold __ Hot
__ Normal operating temperature

The outside temperature was
__ Cold __ Sunny
__ Warm __ Dry
__ Hot __ Raining
__ Other, describe _____

AC on? __ Yes __ No Recirculate on?
Towing a trailer? __ Yes __ No
Windows down? __ Yes __ No
Other _____
Is the problem getting worse? __ Yes __ No

Additional Information_____
_____
_____
_____
_____