

CUSTOMER NAME Mr. John Doe		AUTOMOTIVE TECHNOLOGY LAB SHEET				DATE	CAR NUMBER			
STREET ADDRESS 3300 College Drive						STUDENT'S NAME				
CITY & ZIP San Bruno, 94066						OTHER TEAM MEMBER'S NAME				
HOME PHONE 343-3432	WORK PHONE 334-9989	YEAR	MAKE	MODEL	MILEAGE	OTHER TEAM MEMBER'S NAME				
VEHICLE IDENTIFICATION NUMBER		ENGINE	LICENSE		COLOR	OTHER TEAM MEMBER'S NAME				

TECHNICIAN'S FINDINGS AND RECOMMENDATIONS	NOTES	FLAG TIME
SERVICE / COMPLAINT #1:		REPAIR TIME OFF
FINDINGS AND RECOMMENDATIONS:		ON
		REPAIR TIME OFF
		ON
		REPAIR TIME OFF
		ON
		REPAIR TIME OFF
		ON
		REPAIR TIME OFF
		ON
		TOTAL
SERVICE / COMPLAINT #2:		REPAIR TIME OFF
FINDINGS AND RECOMMENDATIONS:		ON
		REPAIR TIME OFF
		ON
		REPAIR TIME OFF
		ON
		REPAIR TIME OFF
		ON
		REPAIR TIME OFF
		ON
		TOTAL

TECHNICIAN'S FINDINGS AND RECOMMENDATIONS	NOTES	FLAG TIME	
SERVICE / COMPLAINT #3:		REPAIR TIME	OFF
FINDINGS AND RECOMMENDATIONS:			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
			TOTAL
SERVICE / COMPLAINT #4:		REPAIR TIME	OFF
FINDINGS AND RECOMMENDATIONS:			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
			TOTAL
SERVICE / COMPLAINT #5:		REPAIR TIME	OFF
FINDINGS AND RECOMMENDATIONS:			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
		REPAIR TIME	OFF
			ON
			TOTAL