



Automatic Transmission Diagnostic Form

Name: _____ Model Designation: _____ Date: _____

Transmission Serial Number: _____ VIN: _____ Mileage: _____

RGA# _____ (SHR use only) Can the complaint be verified: ___Y___N

Please provide a detailed description of the complaint and/or any DTC's present:

Fault Occurs: ___Permanently___ ___Occasionally___

Gear Engagement: ___R - D___ ___D - R___ ___N - D___ ___N - R___

Problem: ___Rough/Chatter___ ___Delayed___ ___No Engagement___ ___Engine Stall___

Shifting Operations: ___1 - 2___ ___2 - 3___ ___3 - 4___ ___4 - 5___ ___5 - 6___ ___6 - 7___ ___7 - 8___
___8 - 7___ ___7 - 6___ ___6 - 5___ ___5 - 4___ ___4 - 3___ ___3 - 2___ ___2 - 1___

Problem: ___Rough/Chatter___ ___Delayed___ ___No Shifting___ ___Smooth/Extended___
___Slips___

Lock-Up Clutch ___No engagement___ ___Rough/Harsh___

Manual downshifting possible? ___Y___N If no, what gears? _____

Limp Home Mode: ___Y___N

Transmission Selector Lever: ___Mechanically Binds___ ___Incorrect Alignment___

Conditions when problem occurs:

Selector Lever: ___P___R___N___D___Auto-Stick/Paddles

Accelerator Position: ___Full Load___Partial Load___Decelerate

Speed: _____MPH Outside Temperature: _____ Transmission Temperature: _____

Engine Temperature: _____

Fluid Level*: ___ Fluid Condition: _____

*Fluid level for NAG1 transmissions should be reported in millimeters. 8HP series transmissions need only report as full or low.