



Tech Tip No:	TT-15-012
Group:	0-General
Issue Date:	4/8/2015

TECH TIP

AISIN TRANSMISSION DIAGNOSTIC FORM

SUBJECT VEHICLES:

2005 through current model year trucks equipped with an Aisin transmission.

Note: This technical tip is provided as technical information and is not authorization for a warrantable repair.

CONDITION:

When replacing an Aisin transmission, the below transmission return form is required to be filled out. Include this form with the warranty returned part.

Aisin Transmission Diagnostic Form

Servicing Dealer Information	Dealer Code: _____	Type of Repair
	Dealer Name: _____	Warranty <input type="checkbox"/> Customer Pay <input type="checkbox"/>

VIN	Dealer Repair Order	Claim Number

Customer Name	Failed Transmission P/N	Failed Transmission Serial #

Mileage	Failure Date	Failure Frequency
	____ / ____ / ____	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>

Customer Complaint/Failure Symptoms & Probable Cause

Technicians Findings

Was the vehicle towed to dealership? Yes No If yes, was driveshaft/axle shaft removed prior to towing? Yes No
 If not removed, how was it towed? Circle One - **1)From Rear, 2)Flatbed, 3)From Front Drive Shaft Installed**

Is the vehicle within load limits? Yes No

Does engine perform normally? Yes No Speedometer Works? Yes No

Any modifications that may have caused transmission malfunction? Yes No

If yes, please describe _____

SHIFT CONDITION:

	Does Not Occur	Slips	Harsh Engagement	Delayed	Noise	Stalls Engine	RPM/MPH
Park to Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Park to Reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upshift from 1st to 2nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upshift from 2nd to 3rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upshift from 3rd to 4th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upshift from 4th to 5th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upshift from 5th to 6th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CONDITION OCCURS: Hot Cold ATF Temp when trouble occurs, if available _____ °F. N/A

FREQUENCY: Intermittent Constant

DRIVING CONDITION: Accelerating Decelerating Constant Speed

ACCELERATOR PEDAL POSITION: 0% 25% 50% 75% 100%

ENGINE SPEED RPM Unrelated to engine speed

A/T OIL LEVEL: Correct High Low

A/T FLUID CONDITION: Good Burnt Water Contamination

A/T FLUID LEAKAGE: Yes No If yes, from what location? _____

A/T ELECTRICAL/ HARNESS CONNECTIONS: Good Defective/Poor Explain condition: _____

A/T WARNING LAMP ON? Yes No PRESENT CODES:

WAS A SCAN TOOL USED? Yes No PAST CODES:

Installed Transmission Part#	Installed Transmission Serial #	Date of Installation	Date Core Shipped
		____ / ____ / ____	____ / ____ / ____

Technician's Name: _____

Date: _____