Name:_____ Date:_____ Class_____

TASK Verify idle control operation. **AST 8D7** **MAST 8D8**

Time off_____

Time on_____

Total time_____

CDX Tasksheet Number: C665

Vehicle used for this activity:

Year _____ Make _____ Model _____

Odometer _____ VIN _____

1. **List the idle speed control-related customer concern:**

2. **Research and list the desired idle speed: _____ rpm**

3. **Research the particular concern in the appropriate service information and list the possible causes:**

4. **Using the specified procedure, verify the vehicle idle speed and list here: _____ RPM**

5. Using the specified procedure, test the idle control system operation. **List your test(s) observation(s) here:**

6. **Determine any necessary action(s):**

7. Return the vehicle to its beginning condition and return any tools you used to their proper locations.

8. Have your supervisor/instructor verify satisfactory completion of this procedure, any observations found, and any necessary action(s) recommended.

Performance Rating **CDX Tasksheet Number: C665**

0	1	2	3	4
☐	☐	☐	☐	☐

Supervisor/instructor signature _____ Date _____

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