

► TASK Check operation of electrical circuits with a test light.**MLR**
6A6**AST**
6A5**MAST**
6A5

Time off _____

Time on _____

Total time _____

CDX Tasksheet Number: C291

1. Test for proper operation of the test light by connecting it across the vehicle's battery terminals.
 - a. Connect the clip end (negative) of the test light to the negative battery terminal.
 - b. Touch the probe end of the test light to the positive battery terminal. The test light should light.
 - c. **Did the test light operate correctly? Yes:** _____ **No:** _____

NOTE Please notify your supervisor/instructor if the test light did not operate correctly.

2. Using the wiring diagram for the left tail lamp/parking light circuit of the assigned vehicle, identify the wire color for both the power (voltage) and ground (negative) wire.
 - i. **Power (positive):** _____
 - ii. **Ground (negative):** _____
3. Using the appropriate tools, remove the taillight assembly and disconnect the tail lamp connector. The headlamp switch should be set to "Off."
 - a. Visually locate the power and ground wires, as described in step 2a.
 - b. Turn the headlamp switch to the "Park" position.
 - e. Connect the clip end of the test light to an unpainted metal surface that is a good ground.
 - f. Touch the test light probe to the positive wire of the vehicle harness tail lamp connector cavity.
 - i. **Did the test light come on? Yes:** _____ **No:** _____
 - ii. **Please explain your results:** _____
 - g. With the test light probe still connected to the positive wire, test the ground wire by removing the clip end of the test light and touching it to the ground wire of the tail lamp connector cavity, being careful not to cause a short circuit by touching the clip to the probe. The light should come on if there is a good ground.
 - i. **Did the light come on? Yes:** _____ **No:** _____

3. **Based on your observations, determine any necessary action(s):** _____

Name: _____ Date: _____ Class _____

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

Performance Rating

CDX Tasksheet Number: C291

0

1

2

3

4

Supervisor/instructor signature _____ Date _____