▶ TASK Perform cylinder cranking and running compression tests; determine necessary action.

| MLR |  |
|-----|--|
| 8A4 |  |

| Time off   |
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|            |
| Time on    |
| Tillle OII |
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|            |
|            |

Total time\_

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- 1. Research the procedure and specifications for performing both a cranking compression test and a running compression test on this vehicle in the appropriate service information.
- 2. List the conditions that must be met for the cranking compression test to be accurate (you may paraphrase):

- 3. Specifications
  - a. Minimum compression pressure: \_\_\_\_\_ psi/kPa or % b. Maximum variation: \_\_\_\_\_
- 4. Cranking Compression Test: Perform the cranking compression test following the specified procedure. The top row in the table below is a standard test and the bottom row is a wet test using a small amount of clean engine oil. The wet test would normally be performed on engines that fail the standard test. List the readings obtained for each cylinder in the table.

| Cylinder                | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 |
|-------------------------|----|----|----|----|----|----|----|----|
| Standard test (psi/kPa) |    |    |    |    |    |    |    |    |
| Wet test(psi/kPa)       |    |    |    |    |    |    |    |    |

- a. Calculate the difference between the highest and lowest cylinders (dry test): \_\_\_\_\_\_\_ %
- 5. Running Compression Test: Perform the running compression test following the specified procedure. List the readings obtained for each cylinder:

**NOTE** Make sure the person snapping the throttle open is ready to turn off the ignition switch if the throttle sticks open.

| Cylinder                | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 |
|-------------------------|----|----|----|----|----|----|----|----|
| Idle (psi/kPa)          |    |    |    |    |    |    |    |    |
| Snap throttle (psi/kPa) |    |    |    |    |    |    |    |    |

## a. Determine any necessary action(s):

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

| Performance Rating   |              | CDX Tasksheet Number: C709 |   |      |  |  |  |
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|                      |              |                            |   |      |  |  |  |
| 0                    | 1            | 2                          | 3 | 4    |  |  |  |
| Supervisor/instructo | or signature |                            |   | Date |  |  |  |