

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



Time off _____
 Time on _____
 Total time _____

CDX Tasksheet Number: C709

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.
 - a. List the conditions that must be met for the tests to be accurate (you may paraphrase):

2. Specifications

- a. Minimum compression pressure: _____ psi/kpa
- b. Maximum variation: _____ %

3. Cranking compression test

- a. Perform the cranking compression test following the specified procedure. The first column is a standard test. The second column is a wet test using a small amount of clean engine oil. List the readings obtained for each cylinder:

Cylinder	Standard Test	Wet Test
1	psi / kPa (Circle one)	psi / kPa (Circle one)
2	psi / kPa (Circle one)	psi / kPa (Circle one)
3	psi / kPa (Circle one)	psi / kPa (Circle one)
4	psi / kPa (Circle one)	psi / kPa (Circle one)
5	psi / kPa (Circle one)	psi / kPa (Circle one)
6	psi / kPa (Circle one)	psi / kPa (Circle one)
7	psi / kPa (Circle one)	psi / kPa (Circle one)
8	psi / kPa (Circle one)	psi / kPa (Circle one)

- b. Calculate the difference between the highest and lowest cylinders (dry test): _____ %

4. Running compression test. **Caution:** Make sure your assistant is ready to turn off the ignition if the throttle sticks during each snap throttle test.

- a. Perform the running compression test following the specified procedure. List the readings obtained for each cylinder:

Cylinder	Idle	Snap Throttle
1	psi / kPa (Circle one)	psi / kPa (Circle one)
2	psi / kPa (Circle one)	psi / kPa (Circle one)
3	psi / kPa (Circle one)	psi / kPa (Circle one)
4	psi / kPa (Circle one)	psi / kPa (Circle one)
5	psi / kPa (Circle one)	psi / kPa (Circle one)
6	psi / kPa (Circle one)	psi / kPa (Circle one)

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Cylinder	Idle	Snap Throttle
7	psi / kPa (Circle one)	psi / kPa (Circle one)
8	psi / kPa (Circle one)	psi / kPa (Circle one)

5. Determine 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

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Supervisor/instructor signature _____ Date _____