

**► TASK** Diagnose the cause(s) of excessive key-off battery drain (parasitic draw); determine necessary action.

**AST**  
6A8

**MAST**  
6A8

Time off \_\_\_\_\_

Time on \_\_\_\_\_

Total time \_\_\_\_\_

**CDX Tasksheet Number: C817**

**NOTE** Be sure to follow the correct steps for connecting your DVOM to check for amperage/current flow. Have your supervisor/instructor check your connections. Improper connection of the DVOM may damage your meter.

1. Research key-off battery drain (parasitic drain) checks in the appropriate service information.
  - a. List the maximum allowable key-off battery drain (parasitic drain) for the vehicle/simulator that has been assigned to you. **What is the maximum allowable drain?** \_\_\_\_\_ mA
  - b. **What is the specified time for the last module to go to sleep?**  
\_\_\_\_\_ sec/min
  
2. **List the appropriate steps to measure the key-off battery drain (parasitic drain):**
  
  
  
  
  
3. Using the steps listed, measure the key off battery drain (parasitic drain):
  - a. **What is the actual drain?** \_\_\_\_\_ mA
  - b. **Is this reading within specifications? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_
    - i. If no, identify the faulty circuit by pulling and replacing fuses one at a time. Watch the amps reading on the meter to see if it drops. If it drops substantially, you will want to investigate that circuit further, by disconnecting the loads and tracing the wires.
  
4. If pulling the fuses does not identify the faulty circuit, disconnect unfused wires one at a time, such as the alternator output wire and the ignition switch feed wire.
  
5. **List the steps you took to diagnose the cause of the parasitic draw and their results:**

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

**7. What would the customer concern be that would require you to perform this test?**

**8. 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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**0**

**1**

**2**

**3**

**4**

Supervisor/instructor signature \_\_\_\_\_ Date \_\_\_\_\_