

**► TASK** Perform cylinder cranking and running compression tests; determine needed action.

**MAST**  
8A7

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.**
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**

**0**

**1**

**2**

**3**

**4**

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