

**► TASK** Diagnose emission and driveability concerns caused by catalytic converter system; determine needed action.

**MAST**  
8E9

**CDX Tasksheet Number: C714**

Time off	_____
Time on	_____
Total time	_____

1. **Research the catalytic converter testing procedure for this vehicle in the appropriate service information.**
  - a. **List or print off and attach to this sheet the procedure to test the converter:**
  - b. **If no procedure is available, there are four generally accepted methods of testing a converter:**
    1. **The first is a pre-catalyst/post-catalyst emission test (sometimes called an intrusive or intrusion test).**
    2. **The second is a cylinder ignition-shortening emission test where one cylinder's ignition is disabled and the resulting emissions are measured and compared to the pre-shortened emission readings.**
    3. **On OBDII-equipped vehicles, using the pre-catalyst and post-catalyst O<sub>2</sub> sensor readings to show a difference in exhaust oxygen content will indicate converter efficiency.**
    4. **Using mode 6 data from the vehicle's PCM to indicate the number of failure counts for the catalyst****Ask your supervisor/instructor which method to use, and list it here: \_\_\_\_\_**

**NOTE** Some local regulatory authorities mandate a loaded cruise test. This test is hard to duplicate in most shops and is best done on a dynamometer. Unless your shop has this piece of equipment available, it would be best not to perform a loaded cruise test. Also, in some states a no-load cruise test is allowed on certain vehicles. Please note that some vehicles can experience transmission failure if this test is performed. Therefore, we do not recommend performing this test on any vehicle unless it is with your supervisor's/instructor's direct authorization and supervision.

2. **Test the catalytic converter following the specified procedure. List your tests and observations:**
3. **Determine any necessary action(s):**

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: C714

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

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