**Meets ASE Task:** (A6-E-3) P-1 Diagnose (troubleshoot) the causes of brighter-than-normal, intermittent, dim, or no light operation; determine needed action.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Time on Task:\_\_\_\_\_\_\_\_\_\_\_\_\_

Make/Model/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation (Enter number from 4, 3, 2, 1) :\_\_\_\_\_\_\_\_\_

**Lighting System Diagnosis**

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**[ ]  1.** Check service information for the specified lighting diagnosis procedures and

 specifications.

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**[ ]  2.** What type of headlights are used on the vehicle?

 **[ ]** Sealed beam

 **[ ]** Halogen replacement bulbs

 **[ ]** High-intensity discharge (HID)

 **[ ]** Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  3.** Is alignment equipment needed? **[ ]  Yes [ ]  No**

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  4.** Is the headlight unit equipped with a bubble level? **[ ]  Yes [ ]  No**

**[ ]  5.** Is the correct bulb trade number installed? **[ ]  Yes [ ]  No**

**[ ]  6.** Check for proper power and ground at the socket of the bulb.

 **[ ]  OK [ ]  NOT OK** (describe fault) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  7.** Based on the inspection and testing, what is the needed action?

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