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

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

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

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

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

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

**Meets ASE Task: :** (A3-E.3-2) P-3 Measure rotating torque; determine needed action.

**Limited Slip Differential Rotating Torque**

Page 411

**[ ]  1.** Check service information for the recommended procedures to be followed when

 checking for rotating torque of a limited slip differential. Describe the procedures. \_\_\_

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**[ ]  2.** What is the specified limited slip slippage torque? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  3.** What was the actual measured rotating torque? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  4.** Based on the test results, what is the needed action? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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