[ ]  1. Check service information to determine if the vehicle being serviced is equipped with gasoline direct injection. (Check all that apply)

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

Meets ASE Task: A8 – A-1 – P-1

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

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

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

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

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

**Gasoline Direct Injection Identification**

 [ ]  Gasoline direct injection only

 [ ]  Port and gasoline direct injection system

[ ]  2. List the specifications as found in service information.

 a. Lift pump pressure = \_\_\_\_\_\_\_\_

 b. Lift pump volume = \_\_\_\_\_\_\_\_

 c. High-pressure system pressure = \_\_\_\_\_\_\_\_\_

 d. Fuel injector resistance = \_\_\_\_\_\_\_\_\_

 e. Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  3. What are the specified maintenance procedures required (if any)? Describe:

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

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