[ ]  1. Check service information for the identification of the electronic brake system and the exact procedure to follow during an inspection.

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

Meets ASE Task: A5 – G-1 – P-1

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

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

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

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

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

**Electronic Brake (ABS) Component Identification**

 Type of electronic brake system = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Describe the specified inspection procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  2. Inspect all components of the electronic brake system. (Check all that apply)

 [ ] \_\_\_\_ Master cylinder [ ] \_\_\_\_ OK [ ] \_\_\_\_ NOT OK

 [ ] \_\_\_\_ Electrohydraulic unit [ ] \_\_\_\_ OK [ ] \_\_\_\_ NOT OK

 [ ] \_\_\_\_ Accumulator(s) [ ] \_\_\_\_ OK [ ] \_\_\_\_ NOT OK

 [ ] \_\_\_\_ Electronic control unit [ ] \_\_\_\_ OK [ ] \_\_\_\_ NOT OK

 [ ] \_\_\_\_ Wheel speed sensors [ ] \_\_\_\_ OK [ ] \_\_\_\_ NOT OK

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

[ ]  3. What tools or equipment was needed to perform the inspection and/or testing? (Check all that apply)

 [ ] \_\_\_\_ Scan tool [ ] \_\_\_\_ DMM [ ] \_\_\_\_ Mirror

 [ ] \_\_\_\_ Pressure gauge [ ]  Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  4. Based on the inspection, what is the needed action?

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

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

 