Manual Transmission Noise/Shifting Diagnosis

Meets ASE Task: A3 - C-3 – P-2 & A3 - C-4 – P-2

Name:_____ Date:_____ Time on Task:_____

Make/Model/Year:_____ VIN:_____

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

☐ 1. Check service information for the recommended procedure to follow when diagnosing manual transmission/transaxle shifting concerns (describe).

_____

_____

_____

☐ 2. Check service information for the recommended procedure to follow when diagnosing manual transmission/transaxle noise concerns (describe).

_____

_____

_____

☐ 3. Based on the inspections, what is the necessary action?

_____

_____

_____