

IGNITION CHECKLIST

CUSTOMER INFORMATION

Name: _____ Date: _____

Address: _____

Phone No.: _____ Cell No.: _____

BOAT PWC ATV MOTORCYCLE OTHER: _____

Description: _____

Make: _____ Model: _____ Year: _____

Engine Make: _____ HP: _____ Serial or Model #: _____

TEST RESULTS

Compression Test: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____

CD Output: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____
(Measured at Primary Side of Coil)

Stator Voltage Output: _____ Volts DVA @ _____ RPM
_____ Volts DVA @ _____ RPM

Trigger Voltage Output: _____ Volts DVA @ _____ RPM
_____ Volts DVA @ _____ RPM
_____ Volts DVA @ _____ RPM

Battery Charging System: _____ Volts (Under load) Spark Plug: _____

Starter Current Draw (Amps): _____

Fuel Pressure Test: _____ Engine Timing : _____

Engine Cooling: _____ Thermostat Temp: _____

Detail Any Adjustments Made: _____

Signature: _____ Date: _____



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