



COMMON RAIL INJECTOR SERVICE REPORT

Customer Name: _____ **Date:** _____
Part Number: _____ **Work Order:** _____

Test A: Ohm Test

Injector	Ohms	Serial #	Injector	Ohms	Serial #
1	0.9		5		
2	0.9		6		
3	0.9		7		
4	0.9		8		

Test B: Leak Test

P = Pass **F = Fail**

Injector	Nozzle	Body	Return	Injector	Nozzle	Body	Return
1	P	P	P	5			
2	P	P	P	6			
3	P	P	P	7			
4	P	P	P	8			

Test C: Spray Pattern Test / Nozzle Opening Pressure

NOP = Bar

Injector	Spray	NOP	Injector	Spray	NOP
1	F	20	5		
2	F	160	6		
3	P	120	7		
4	P	110	8		

Test D: Volumetric Test

Volume = cc

Injector	Test 1		Test 2		Test 3		Test 4	
	Delivery	Return	Delivery	Return	Delivery	Return	Delivery	Return
1	68	15	86	18				
2	36	17	28	21				
3	42	19	37	20				
4	40	20	35	24				
5								
6								
7								
8								

Technician: _____

Highlighted results indicate failures.