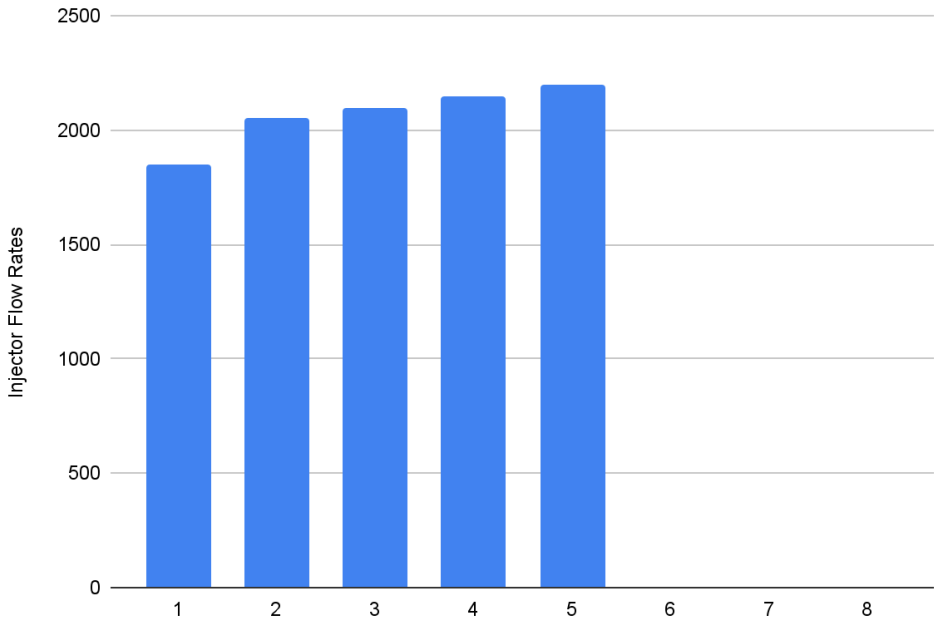
EFI Injector Flow Test Service Data Sheet Report

PLEASE FILL OUT THE HIGHLIGHTED FIELDS

Test Fluid: Isopar G



Date of Testing: _____

Vehicle *(year, make, model)*: _____

Customer Name: _____

Customer Email: _____

Customer Phone: _____

Test Fluid Temp. ℉: _____

Injector #	Serial #	Leak Test	Spray Pattern	Flow Rate
1	0			1000
2				2050
3				2100
4				2150
5				2200
6				
7				
8				

Average Flow Rate at ____ psi:

Matching on Initial Flow Test:	*(%)*	*(%)*	Average Flow in LB/ HR:	