

# Service Bulletin

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Category K	Applicable Model/s All Models With A/T or ATX	Subject AUTOMATIC TRANSMISSION DIAGNOSTIC PROCEDURES	Bulletin No. 002/94 Issued 10/4/94 Revised
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## APPLICABLE MODELS

All vehicles with automatic transmissions or automatic transaxles

## DESCRIPTION

Follow the information listed in this bulletin when diagnosing automatic transmission/transaxle problems or after installing a new or rebuilt transmission/transaxle

### Contents:

Service Advisor / Technician Check Sheet & Diagnostic Flow Chart  
Power Flushing Equipment Recommendations

A supply of fifty (50) Service Advisor / Technician Check Sheets & Diagnostic Flow Charts are provided with this bulletin. These are useful tools in preventing unnecessary replacement of transmissions, illustrating step by step diagnostics and are required for replacement authorization.

Additional pads of fifty (50) are available free of charge from Helm, Inc.

For additional information regarding transmission/transaxle diagnostics, refer to the applicable workshop manual and/or contact your regional/distributor hot line.

**NOTE:** If the transmission oil cooler is not cleaned with the proper power flushing equipment prior to repair completion, and comeback problems occur due to clogged oil cooler circuits, the repair cost will not be warrantable.

## RECOMMENDED POWER FLUSHING MANUFACTURERS / EQUIPMENT

Manufacturer / Telephone Number	Part Number / Description
OTC / (800) 533-0492	60081 / Portable Torque Converter Oil Cooler Cleaner

**NOTE:** 1) Power flushers require installation of a 5 micron filter.

2) All of the above flushers require adapters / attachments for Mazda vehicle applications.

3) Questions regarding usage and applications should be directed to the flusher manufacturer.

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**IMPORTANT:** Service and Parts Managers should read this bulletin carefully, sign and convey all information to those concerned.

Signature \_\_\_\_\_  
Service Manager

Signature \_\_\_\_\_  
Parts Manager

# AUTOMATIC TRANSMISSION CHECK SHEET

Dealer: \_\_\_\_\_

R.O.# \_\_\_\_\_

S  
E  
R  
V  
I  
C  
E  
  
A  
D  
V  
I  
S  
O  
R

Service Writer: \_\_\_\_\_ Dealer No. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer's Name: \_\_\_\_\_ Dealer Telephone No. (\_\_\_\_) \_\_\_\_-\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Engine \_\_\_\_\_ Mileage \_\_\_\_\_

VIN \_\_\_\_\_

Aftermarket Parts Installed? Yes \_\_\_ No \_\_\_ (list, if yes) \_\_\_\_\_

Customer Description Of Problem: \_\_\_\_\_

## WHEN DOES PROBLEM OCCUR?

Test Drive Vehicle? Yes \_\_\_ No \_\_\_  
 Engine Temperature? Cold \_\_\_ Hot \_\_\_ All \_\_\_  
 Road Condition? Flat \_\_\_ Hilly \_\_\_  
 Vehicle Speed? High \_\_\_ Cruise \_\_\_ Low \_\_\_ All \_\_\_  
 Is The Problem Intermittent? Yes \_\_\_ No \_\_\_  
 Is The Problem Occurring Now? Yes \_\_\_ No \_\_\_

No Movement: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ R \_\_\_  
 Noise: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ R \_\_\_  
 Slip: 1-2 \_\_\_ 2-3 \_\_\_ 3-4 \_\_\_ 4-3 \_\_\_ 3-2 \_\_\_ 2-1 \_\_\_  
 Shock: 1-2 \_\_\_ 2-3 \_\_\_ 3-4 \_\_\_ 4-3 \_\_\_ 3-2 \_\_\_ 2-1 \_\_\_  
 Flare: 1-2 \_\_\_ 2-3 \_\_\_ 3-4 \_\_\_ 4-3 \_\_\_ 3-2 \_\_\_ 2-1 \_\_\_

## PROBLEM DESCRIPTION / DIAGNOSIS

Description: \_\_\_\_\_

Problem Duplicated? Yes \_\_\_ No \_\_\_ Test Drive? Yes \_\_\_ No \_\_\_ Serv. Bulletin Relating To Problem? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (list, if yes)

Trans. Fluid Cond.: Milky \_\_\_ Burnt \_\_\_ Particles/Sludge \_\_\_ Normal \_\_\_ Trans Fluid Level: High \_\_\_ Low \_\_\_ Normal \_\_\_

Trans. Leaks? Yes \_\_\_ No \_\_\_  
 (list area(s), if yes)

Engine Electrical System: Battery Voltage (engine running) \_\_\_\_\_ Volts

KOEO: \_\_\_\_\_ KOER: \_\_\_\_\_  
 (Key On Engine Off) (Key On Engine Running)  
**LA4A-EL Transmission Only**

## TEST RESULTS

Problem Category: Codes \_\_\_\_\_ Leaks \_\_\_ Fluid Cond. \_\_\_ Driveability \_\_\_ Unusual Noise \_\_\_  
 (list codes, if yes)

## Line Pressure/Stall Test Results:

Range	Line Pressure Kg/f ____ psi ____		
	Idle	Stall	RPM
Park / Neutral			
D, S, L			
Reverse			

## RECOMMENDATIONS

Did You Use The "Quick Diagnostic Chart II" In The WSM? Yes \_\_\_ No \_\_\_ Was It Useful? Yes \_\_\_ No \_\_\_

Contact Regional Hotline For Assistance? Yes \_\_\_ No \_\_\_  
 (list person contacted, if yes) (date)

Recommendation: Normal Condition \_\_\_ Repair Trans. \_\_\_ Exchange \_\_\_  
 (MASH Authorization Number) (date)

