

SERVICE BULLETIN #89-01

March 15, 1989

**ELLISON FLUID SYSTEMS CONSIDERS COMPLIANCE MANDATORY.
FAILURE TO COMPLY MAY RESULT IN ENGINE FAILURE.**

**TO: ALL USERS OF THE ELLISON FLUID SYSTEMS, INC. THROTTLE
BODY INJECTOR MODEL EFS-2**

SUBJECT: Failure of the o-ring seals located in each end of the throttle slide surrounding the fuel metering tube.

MODEL AFFECTED: EFS-2

SERIAL NUMBERS AFFECTED: 1000-1321

COMPLIANCE TIME:

Compliance must be completed before further flight.

PURPOSE:

Several instances of slide seal wear have occurred in which excessive throttle friction was followed by seal failure. Failure occurred when the o-ring seal was extruded out of its seat, past the brass retaining washer.

REVISED SEAL DESIGN:

Compliance with this bulletin will require the partial disassembly of the unit, the removal of the existing slide seals, re-machining the seal counterbores, and the installation of spring-loaded, graphite impregnated Teflon seals. The unit will then be cleaned, reassembled, and new lockwire installed.

INSTRUCTIONS:

Remove the Throttle body Injector and return (shipping prepaid), with the attached questionnaire filled out completely, to:

Ellison Fluid Systems, Inc.
350 Airport Way
Renton, WA 98055

CHARGES:

Charges for the above seal modification is \$62.00 and should be paid by check or money order accompanying the returned Throttle Body Injector. Units will be returned to domestic owners at EFS expense via regular UPS. Customers may specify return via UPS Blue Label (second day air), by including an additional \$5.00. Alaska, Hawaii and foreign owners must specify the desired shipping method and include additional funds to cover foreign shipment.

NOTE: If you are not longer in possession of the Throttle Body Injector, please forward this Service Bulletin to the present owner/operator and notify Ellison Fluid Systems, Inc. of owner/address change. Notification should include the serial number and current owner's name and address. Direct all corrections/changes to the letterhead address.

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QUESTIONNAIRE

Please fill out this questionnaire as completely as possible.

Name: _____

Address: _____ Phone: _____

EFS-2 S/N: _____

Aircraft Model: _____ Engine Model: _____

Fuel Pump or Gravity Feed: -----Pump Gravity

Does the installation have carb heat? -----Yes No

Have you ever experienced icing?-----Yes No

If yes, please describe the circumstances below:

Auto gas or AV gas? -----Auto AV

Does the installation have an air filter? -----Yes No

How many total hours on unit: _____

Shipping method desired: UPS _____ UPS Blue* _____ UPS Red* _____

Any comments:

*Additional funds required for special shipment.