

► TASK Inspect, replace, and/or adjust tie rod ends (sockets), tie rod sleeves, and clamps.

MAST
4B17

Time off	_____
Time on	_____
Total time	_____

CDX Tasksheet Number: C185

1. **Research the following specifications and procedures in the appropriate service information.**
 - a. **Maximum allowable play in the tie rod ends:**

2. **Lift and support the vehicle according to the procedure listed in the service information.**

3. **Follow the manufacturer's procedure and inspect the steering system parts listed. List your observation(s):**
 - a. **Tie rod ends:**

 - b. **Tie rod sleeves and clamps:**

4. **Determine any necessary actions:**

5. Remove tie rod ends from steering knuckles.

NOTE The use of a pickle fork will damage the dust boots. Only use this tool on joints you will be replacing. On joints you will be reusing, try the hammer method to break the joint free. See your instructor for details.

6. Loosen the tie rod adjusting sleeve clamp bolts. Remove tie rod ends from sleeves.

NOTE Count the number of turns as you back out each tie rod from its sleeve so you can reinstall it in approximately the same position. This will assist in making the wheel alignment easier to perform.

7. Inspect all components and list your observations:

8. Have your supervisor/instructor verify removal. Supervisor's/instructor's initials: _____

9. Reassemble all components following the manufacturer's specified procedure, being sure to torque all fasteners and secure all joints with new cotter pins (or other approved method).

a. List the torque you tightened the tie rod nuts to: _____ ft-lb/N·m

b. List the torque you tightened the tie rod adjusting sleeve nuts to: _____ ft-lb/N·m

c. Did you replace all removed cotter pins with new cotter pins?
Yes: _____ No: _____

10. Start the vehicle and check for binding or improper steering operation. List your observations:

NOTE Before this vehicle can be driven, it MUST have a wheel alignment performed. Failure to do so means this is an unsafe vehicle which could result in substantial injury or even death.

11. Have your supervisor/instructor verify satisfactory completion of this procedure, any observations found, and any necessary action(s) recommended.

Performance Rating

CDX Tasksheet Number: C185

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Supervisor/instructor signature _____ Date _____