

► TASK Check for front wheel setback; determine needed action.

MAST
4E7

CDX Tasksheet Number: C217

Time off	_____
Time on	_____
Total time	_____

1. Following the manufacturer's procedure, check for front wheel setback.
 - a. Manufacturer's specifications: _____
 - b. Measured setback: _____
2. Determine any necessary action(s): _____
3. Have your supervisor/instructor verify all of your measurements and necessary actions for all of the previous tasks. Get permission to perform the necessary action(s). Supervisor's/instructor's initials: _____
4. Perform all of the adjustments necessary for a four-wheel alignment as listed in the previous tasks.
5. When finished, remeasure all alignment angles to make sure they are within specifications.
6. List or print off and attach to this sheet the post-alignment measurements.

Front wheels:

 - a. Caster: LF: _____ RF: _____ Specs: _____
 - b. Cross caster: Measured: _____ Specs: _____
 - c. Camber: LF: _____ RF: _____ Specs: _____
 - d. Cross camber: Measured: _____ Specs: _____
 - e. Toe: LF: _____ RF: _____ Specs: _____
 - f. Total toe: Measured: _____ Specs: _____

Rear wheels:

 - a. Caster: LF: _____ RF: _____ Specs: _____
 - b. Cross caster: Measured: _____ Specs: _____
 - c. Camber: LF: _____ RF: _____ Specs: _____
 - d. Cross camber: Measured: _____ Specs: _____
 - e. Toe: LF: _____ RF: _____ Specs: _____
 - f. Total toe: Measured: _____ Specs: _____

Toe-out-on-turns:

 - a. LF wheel set at: _____ degrees
 - b. RF wheel measures: _____ degrees
 - c. RF wheel set at: _____ degrees
 - d. LF wheel measures: _____ degrees
7. SAI: _____ degrees
8. Included angle: _____ degrees
9. Rear wheel thrust angle: _____ degrees

10. List the measurement(s) for front wheel setback: _____

11. Is the steering wheel centered? Yes: _____ No: _____

12. Do all the angles meet the manufacturer's specifications?
Yes: _____ No: _____

13. Determine any further necessary action(s), such as resetting the steering angle sensor:

14. Inspect the vehicle for any loose or missing fasteners or improper repairs. List your observation(s):

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

Performance Rating

CDX Tasksheet Number: C217

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Supervisor/instructor signature _____ Date _____