

► TASK Inspect valve springs for squareness and free height comparison; determine needed action.

MAST
1B7

CDX Tasksheet Number: C718

Time off _____

Time on _____

Total time _____

1. Research the procedure and specifications for checking valve spring squareness and free height in the appropriate service information.

a. List, or print off and attach to this sheet, the procedure for checking squareness:

b. Specified valve spring free height

i. Intake: _____ in/mm

ii. Exhaust: _____ in/mm

c. Specified valve spring installed height

i. Intake: _____ in/mm

ii. Exhaust: _____ in/mm

d. Specified valve spring pressure at the specified installed height

i. Intake: _____ lb/kg at
_____ in/mm

ii. Exhaust: _____ lb/kg at
_____ in/mm

e. Specified valve spring pressure at the specified valve open height

i. Intake: _____ lb/kg at
_____ in/mm

ii. Exhaust: _____ lb/kg at
_____ in/mm

NOTE You may want to measure and record the existing valve installed height and valve stem height before grinding the valves or machining the valve seats since specifications are not always available. Since some engines have nonadjustable valve trains, this is a critical measurement when reassembling the valve assemblies.

2. Disassemble the valve and valve spring assemblies, if not already done.

3. Check the valve springs for squareness using the protractor-head square. List your observation(s):

4. Measure the free height of each valve spring. List your measurements in the table below.

Valve Spring	#1	#2	#3	#4	#5	#6	#7	#8
Intake (in/mm)								
Exhaust (in/mm)								

5. Measure the valve spring pressure at the specified installed height. List your measurements in the table below.

Valve Spring	#1	#2	#3	#4	#5	#6	#7	#8
Intake (lb/kg)								
Exhaust (lb/kg)								

6. Measure the valve spring pressure at the specified valve open height. List your measurements in the table below.

Valve Spring	#1	#2	#3	#4	#5	#6	#7	#8
Intake (lb/kg)								
Exhaust (lb/kg)								

7. Determine any necessary action(s):

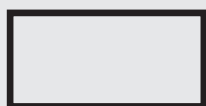
8. Have your supervisor/instructor verify satisfactory completion of this procedure, any observations found, and any necessary action(s) recommended.

Performance Rating

CDX Tasksheet Number: C718



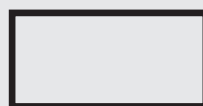
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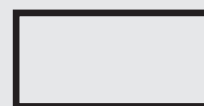
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2



3



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Supervisor/instructor signature _____ Date _____