

**► TASK** Inspect, remove, and/or replace upper and/or lower ball joints (with or without wear indicators).

**MAST**  
4C5

**CDX Tasksheet Number: C792**

Time off	_____
Time on	_____
Total time	_____

1. Research the inspection and disassembly procedure for the upper and/or lower ball joints in the appropriate service information.
  - a. Maximum allowable play in the lower ball joint: \_\_\_\_\_ in/mm
  - b. Maximum allowable play in the upper ball joint; if applicable: \_\_\_\_\_ in/mm
  - c. Which ball joint is the load-bearing ball joint? Lower: \_\_\_\_\_  
Upper: \_\_\_\_\_
  - d. List any precautions:
  - e. List or print off and attach to this sheet the steps to inspect the lower and/or upper ball joints.
  - f. List or print off and attach to this sheet the steps to disassemble the lower and/or upper ball joints.
2. Following the specified procedure, measure the play in the lower and/or upper ball joint(s). List your observation(s):
  - a. Measure the play in the lower ball joint: Left \_\_\_\_\_ in/mm  
Right: \_\_\_\_\_ in/mm
  - b. Measure the play in the upper ball joints: Left: \_\_\_\_\_ in/mm  
Right: \_\_\_\_\_ in/mm.
3. Following the specified procedure, remove, clean, and re-inspect the lower and/or upper ball joints. List your observation(s):
4. Determine any necessary action(s):

5. Have your instructor verify the removal of all suspension components and check your observations and necessary actions. Get permission to reassemble the assembly. Supervisor's/instructor's initials: \_\_\_\_\_

**NOTE** At this time, replace/reinstall all removed suspension components following the manufacturer's procedures and precautions. Be sure to tighten all fasteners to their specified torque and replace any retaining devices such as cotter pins (with new ones) and nylon locking nuts. Be careful to route all wires, hoses, and tubes in their original factory position.

6. Inspect the reassembled suspension unit for any loose fasteners, improperly installed components, etc. List your observations here:
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: C792

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Supervisor/instructor signature \_\_\_\_\_ Date \_\_\_\_\_