

TASK Inspect tire condition; identify tire wear patterns; check for correct size and application (load and speed ratings) and adjust air pressure; determine necessary action.

MLR
4D1

AST
4F1

MAST
4F1

Time off _____
Time on _____
Total time _____

CDX Tasksheet Number: C619

1. Research tread wear patterns in the appropriate information.
2. Research the following tire specifications on the vehicle's tire decal and on the sidewall of the tire itself:
 - a. **Tire decal (usually located on the vehicle door, door pillar, or glove box lid):**
Recommended tire designation: _____
Maximum load on front axle: _____ lb/kg
Maximum load on rear axle: _____ lb/kg
Required tire speed rating: _____
Maximum speed for this rating: _____ mph/kph
Recommended tire pressure: Front: _____ psi/kPa
Rear: _____ psi/kPa
 - b. **Information on sidewall of tire:**
Tire designation: _____
Maximum load: _____ lb/kg
Speed rating: _____ Speed tire is safe for: _____ mph/kph
Maximum tire pressure: _____ psi/kPa
Tread wear rating: _____
Traction rating: _____
Temperature rating: _____
DOT date of manufacture code: _____ Age of tire today: ___ (yrs/mos)
3. On the most-worn tire, measure the tread depth across the tire tread and list your measurements below:
 - a. Tread depth (inside of tread): _____ in/mm
 - b. Tread depth (center of tread): _____ in/mm
 - c. Tread depth (outside of tread): _____ in/mm
4. Check to make sure there are no exposed steel cords. Carefully run your hand across the tread and feel for a feathered condition. Also, run your hand in line with the tread to feel for lumps and bulges.
 - a. Is the tire feathered? Yes: _____ No: _____
 - b. Are there any bulges? Yes: _____ No: _____
5. Based on your observations and measurements, determine what, if any, wear patterns exist and list them here:
6. Measure the pressure in the tire(s) and record it here: _____ psi/kPa

7. If the tire is not at the correct pressure, increase or decrease pressure.

a. Record final pressure: _____ psi/kPa

8. Determine any necessary action(s):

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

Performance Rating

CDX Tasksheet Number: C619

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Supervisor/instructor signature _____ Date _____