

► TASK Rotate tires according to manufacturer's recommendations.

MLR
4D2

AST
4F3

MAST
4F3

CDX Tasksheet Number: C222

Time off _____

Time on _____

Total time _____

1. Research the following specifications in the appropriate service information.

NOTE Vehicles equipped with a tire-pressure monitoring system (TPMS) may need the system reset after rotating the tires. Verify that you have all the necessary tools and manufacturer's procedure prior to removing the wheels on these vehicles.

- a. Is this vehicle equipped with TPMS? Yes: _____ No: _____
 - i. If yes, do you have the specified tools and procedures to reset the TPMS system? Yes: _____ No: _____
- b. Lug nut torque: _____ ft-lbs/Nm
- c. Manufacturer's recommended tire rotation pattern. **Draw diagram below.**
- d. Manufacturer's recommended lug nut torque sequence. **Draw diagram below.**

2. Remove the wheel/tire assemblies from the vehicle.

NOTE When removing hubcaps and wheels, please store them in such a manner so as not to damage the visible side of the hubcap or wheel. Laying them face down will cause them to become scratched and damaged. Also, store the lug nuts so they will not get lost or kicked.

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

4. Rotate the tires according to the manufacturer's recommendation. As part of this procedure, check the tire pressure. If a tire is found to be under-inflated, check the tire for a leak. If a leak is found, notify your supervisor/instructor for further directions. Also, inspect each tire for nails or other foreign objects. Notify your supervisor/instructor if a problem is found. **List your observations:**

5. Torque the lug nuts to manufacturer's specifications in the specified sequence.

a. Record torque: _____ ft-lbs/Nm

6. Reset TPMS if necessary. Follow manufacturer's procedure.

7. Reinstall hubcaps, if equipped. Make sure they are fully seated to prevent them from falling off while driving. If in doubt, ask your supervisor/instructor.

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: C222

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1

2

3

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Supervisor/instructor signature _____ Date _____