

**► TASK** Perform prealignment inspection and measure vehicle ride height; perform necessary action.

**AST**  
4E2**MAST**  
4E2

Time off: \_\_\_\_\_

Time on: \_\_\_\_\_

Total time: \_\_\_\_\_

**CDX Tasksheet Number: C617**

1. Research the prealignment process for this vehicle in the appropriate service information.

a. List the ride-height specifications:

b. Can the ride height be manually adjusted on this vehicle?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

i. If yes, what is the specified adjustment procedure?

- c. List the specified tire size: \_\_\_\_\_  
d. List the specified tire pressure(s): \_\_\_\_\_ psi/kPa  
e. List any other manufacturer-specified checks:

2. Following the specified procedure, inspect the vehicle.

- a. Is the vehicle abnormally loaded? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
b. Are the specified tires installed on the vehicle?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
c. List the condition and wear of each tire as you inflate the tires to proper pressure:

Left front: (Initial psi): \_\_\_\_\_ psi; Condition: \_\_\_\_\_

Right front: (Initial psi): \_\_\_\_\_ psi; Condition: \_\_\_\_\_

Right rear: (Initial psi): \_\_\_\_\_ psi; Condition: \_\_\_\_\_

Left rear: (Initial psi): \_\_\_\_\_ psi; Condition: \_\_\_\_\_

d. Does the vehicle meet the specified ride height?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

e. List the results of other specified checks:

**3. Perform any necessary action(s) and list your results:**

**4. Does the vehicle meet the prealignment inspection requirements for an alignment? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

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

**Performance Rating**

**CDX Tasksheet Number: C617**

**0**

**1**

**2**

**3**

**4**

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