

**► TASK** Measure brake pedal height, travel, and free play (as applicable); determine necessary action.

**MLR**  
5B1

**AST**  
5B2

**MAST**  
5B2

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

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

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

**CDX Tasksheet Number: C622**

1. Research the description and operation of the brake system for this vehicle in the appropriate service information. Also research the master cylinder diagnostic procedure and removal/installation procedures. Check off the systems in the list below that this vehicle is equipped with:
  - a. **Power assist:** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - b. **ABS:** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - c. **Four-wheel ABS:** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - d. **Rear-wheel ABS:** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - e. **Traction control:** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - f. **Front-/rear-split hydraulic system:** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - g. **Diagonal-split hydraulic system:** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - h. **Brake pedal height:** \_\_\_\_\_ in/mm
  - i. **Brake pedal free play:** \_\_\_\_\_ in/mm
  - j. **Brake pedal reserve height:** \_\_\_\_\_ in/mm
2. Brake pedal height
  - a. **Following the service procedure, measure the brake pedal height. Record your readings here:** \_\_\_\_\_ in/mm
  - b. **Within specifications?** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - c. **If not as specified, determine any necessary actions:**
3. Reserve pedal height/pedal travel
  - a. **Following the service procedure, start the vehicle and apply the brake pedal with moderate foot pressure. Measure the reserve pedal height/pedal travel and record the measurement:** \_\_\_\_\_ in/mm
  - b. **If not as specified, determine any necessary actions:**
4. Brake pedal free play
  - a. **Following the service procedure, measure the brake pedal free play and record the measurement here:** \_\_\_\_\_ in/mm
  - b. **Within specifications?** Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - c. **If not as specified, determine any necessary actions:**

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: C622**

**0**

**1**

**2**

**3**

**4**

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