

TASK Remove, inspect, replace, and adjust power steering pump belt.

MLR
4B5

AST
4B12

MAST
4B12

Time off _____

Time on _____

Total time _____

CDX Tasksheet Number: C180

1. Using the service information, list the following:

- a. **Type of power steering fluid:** _____
- b. **Type of belt: V-belt:** _____ **Serpentine belt:** _____
Toothed belt: _____
- c. **Belt-adjustment mechanism: Manual:** _____ **Automatic:** _____
- d. **Belt tension, if specified:** _____
- e. **Draw or print off and attach to this sheet the belt-routing diagram:**

2. Following the recommended procedure, loosen the adjustment mechanism and remove the power steering pump drive belt.

3. Examine the belt for cracks, splints, frayed surfaces, and distorted configurations (including stretching). **Record your observation(s):**

4. Examine the drive pulleys for any damage. **Record your observation(s):**

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

NOTE You may want to skip ahead and perform the next task C181: Remove and install power steering pump while you have the belt removed. If so, return to this point when you are ready to reinstall the drive belt.

6. Following the specified procedure, replace the drive belt.

7. Check the drive belt alignment in relation to the drive pulleys. List your observation(s):

8. Adjust the drive belt tension to the shop manufacturer's specifications (on the manually adjusted system).

a. Measure the belt tension: _____

9. Check the fluid level in the power steering reservoir. Top off with the proper fluid, if necessary.

10. Start the engine and turn the steering wheel from lock to lock. Check for the following:

a. Binding: Yes: _____ No: _____

b. Excessive steering effort: Yes: _____ No: _____

c. Uneven steering effort: Yes: _____ No: _____

11. Turn the engine off.

12. Re-measure the drive belt tension and list here: _____

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

Performance Rating

CDX Tasksheet Number: C180

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Supervisor/instructor signature _____ Date _____