Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Make/Model/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation (Enter number from 4, 3, 2, 1) :\_\_\_\_\_\_\_\_\_

**Meets ASE Task: :** (A4-A-5) P-1 Identify and interpret suspension and steering system concerns; determine needed action. (A4-C-12) P-1 Diagnose suspension system noises, body sway, and uneven ride height concerns; determine needed action.

**Diagnose Suspension Concerns**

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**1.** Check service information for the specified procedures to follow when diagnosing

**** suspension-related concerns. Check all items that are specified.

Road Test

Visual inspection

Ride height measurement

Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_

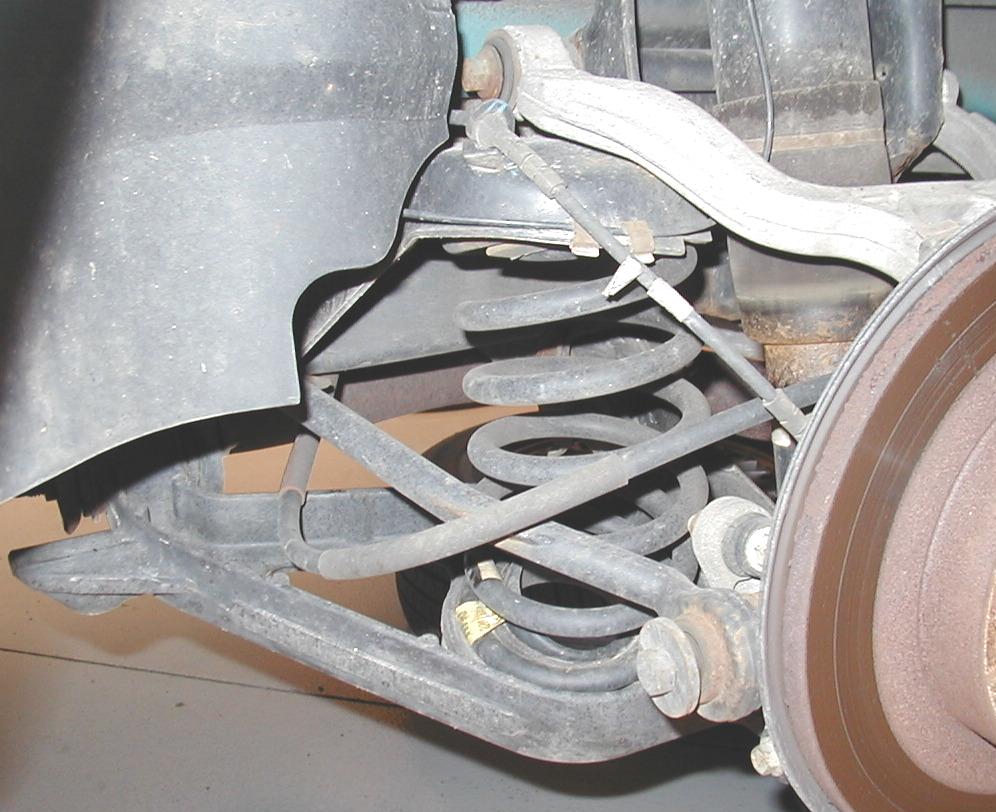
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Based on the inspection, what is the needed action? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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