

# Suspension System Diagnostic Test Drive

Meets ASE Task: A4 – A-5 – P-1

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time on Task: \_\_\_\_\_

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

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

☐ 1. What is the stated customer concern? \_\_\_\_\_

☐ 2. Test drive the vehicle under the same conditions and road surface types as stated by the customer when the problem occurs and check the following.

Tire-type noise? OK ☐ \_\_\_\_\_ NOT OK ☐ \_\_\_\_\_

Clunks? OK ☐ \_\_\_\_\_ NOT OK ☐ \_\_\_\_\_

Creaks? OK ☐ \_\_\_\_\_ NOT OK ☐ \_\_\_\_\_

Tracks straight? OK ☐ \_\_\_\_\_ NOT OK ☐ \_\_\_\_\_

Pull during braking only? OK ☐ \_\_\_\_\_ NOT OK ☐ \_\_\_\_\_

Wandering (unstable)? OK ☐ \_\_\_\_\_ NOT OK ☐ \_\_\_\_\_

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

☐ 3. When does the fault or concern occur?

☐ \_\_\_\_\_ During turns or cornering to the right.

☐ \_\_\_\_\_ During turns or cornering to the left.

☐ \_\_\_\_\_ During turns or cornering both to the right or the left.

☐ \_\_\_\_\_ While driving straight ahead.

☐ \_\_\_\_\_ Only when driving on a rough road.

☐ \_\_\_\_\_ Only when turning into or out of a driveway.

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

☐ 4. Based on the test drive, what components or systems could be the cause of the suspension problem or concern?

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

☐ 5. What action will be needed to correct these concerns? \_\_\_\_\_

\_\_\_\_\_