

Diagnose Suspension Concerns

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. 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? _____

