Name:_____ Date:_____ Class_____

TASK Diagnose transaxle final drive assembly noise and vibration concerns; determine necessary action.

MAST 3C5

Time off_____

Time on_____

Total time_____

CDX Tasksheet Number: C887

Vehicle used for this activity:

Year _____ Make _____ Model _____

Odometer _____ VIN _____

1. **List the final drive noise or vibration customer concern:**

2. **Research the concern in the appropriate service information and list the possible causes:**

3. **Following the specified procedure, diagnose the fault. List your tests and observations:**

4. **List the cause of the noise or vibration concern:**

5. **Determine any necessary action(s) to correct the fault:**

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

Performance Rating

CDX Tasksheet Number: C887

0	1	2	3	4

Supervisor/instructor signature _____ Date _____

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