e. Tie rod ends:

Time off_

Time on_

Total time_

f. Tie rod sleeves and clamps:

4. Determine any necessary actions:

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

Performance Rating		CDX Tasksheet Number: C918		
0	1	2	3	4
Supervisor/instructor signature				Date