

FTS PROGRAM AXLE DATA FORM

SECTION I- SERVICE ADVISOR

The information to complete this form does not require additional time to acquire. The following must be collected and recorded a repair is performed to determine the source of a noise.

Dealer Code _____ Technician Name _____

Last 8 digits of VIN _____ Mileage _____

Axle Type: Dana _____ Corporate _____ Designation/Size _____
Ratio _____

Owner Concern (Detailed Description of Noise and When it Occurs _____

At what mileage did the noise begin? _____

SECTION II- ROAD TEST EVALUATION

If traffic conditions allow, road test the vehicle and record your opinion of noise levels at the specified speed ranges. The main focus of the evaluation should be centered around the Owner's Description of the symptom. Refer to Section 1.

The following evaluation road test should be performed in an area that will accommodate steady acceleration to the specified speed range and complete each of the drive mode stages.

Proceed with road test:

- Set HVAC control to FLOOR mode and blower speed to mid level.
- Obtain specified speed through light acceleration.
- Float the throttle so the vehicle is either accelerating or decelerating.
- Accelerate away 10 mph from Float without down shifting transmission (kick down).
- Coast back down to specified speed.
- Hold Throttle to maintain speed.

At each drive mode stage record a numerical rating that best describes the noise level and type detected.

Noise Type: B= Bearing, D= Drone, O=Oscillating, W= Whine

Subjective Rating Description

10. Superior- Inaudible to all observers
9. Excellent- Audible trace to critical observer
8. Very Good- Slightly noticeable to critical observer
7. Good Commercial- Noticeable to critical observer
6. Fair Commercial- Noticeable to average observer
5. Borderline Acceptable- Noticeable to all observers
4. Borderline Reject- Noticeable to all observers
3. Reject- Disturbing to average observer
2. Reject- Disturbing to most observers
1. Reject- Disturbing to all observers

DRIVE MODE	VEHICLE SPEED (mph)				
	25/35	35/45	45/55	55/65	65/75
Light Drive					
Float					
Heavy Drive					
Coast					
Cruise					

SECTION III- TECHNICIAN

Note: Do not attempt to obtain the information to complete this form unless ALL of the tools described in Group 3 of the Service Manual are in your possession

Where is the noise coming from? Front ___ Rear ___
Other (explain) _____

Were Chassis Ears used to isolate the location of the noise? Yes ___ No ___

Are all tires equal in circumference? ___ Yes ___ No

Record the following as axle is disassembled

NOTE: Take full circumference contact pattern of ring gear for evaluating run out and flank positioning.

1. Measure backlash in eight locations
___ in ___ in ___ in ___ in ___ in ___ in ___ in
1. Pinion/Differential Turning Torque with Axle Shafts Removed _____ in.lbs
2. Pinion Turning Torque with Differential Carrier Removed _____ in.lbs
4. Subtract Line 3 from 2 = _____ in.lbs
5. Multiply Line 4 by Axle Ratio x _____
6. Actual Side Bearing Turning Torque = _____ in.lbs
Pinion Depth Measurement _____ in
Thickness of Factory Installed Pinion _____ in.
Variance of Factory Installed Pinion _____
Does Ring Gear and Pinion Gear Carry the Same Match Numbers?
Yes ___ No ___
Does Bearing cup Wear Appear Normal Pinion- Yes ___ No ___
Diff- Yes ___ No ___

If No Please Describe _____
