



GROUP CHA	MODEL 2018MY Forte (YD, YDm)
NUMBER 085 (Rev 1, 1/24/2018)	DATE January 2018

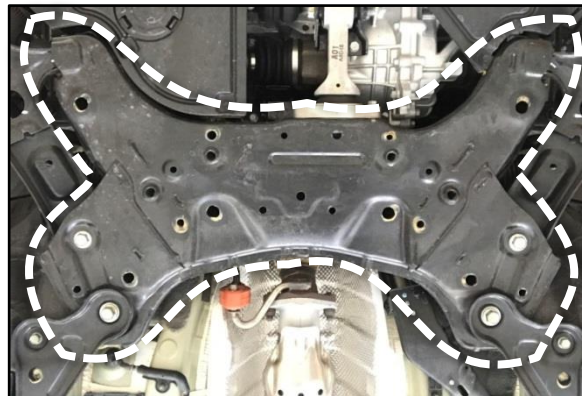
## TECHNICAL SERVICE BULLETIN

SUBJECT: SERVICE ACTION: SUB FRAME REPLACEMENT (SA323)

### ★ NOTICE

This bulletin has been revised to include additional information. New/revised sections of this bulletin are indicated by a black bar in the margin area.

This bulletin provides the procedure to replace the sub frame on some 2018MY Forte (YD), produced from August 31, 2017 through September 4, 2017, and some 2018MY Forte (YDm) vehicles, produced from October 10, 2017 through October 23, 2017, which may experience a squeak noise at the sub frame area when driving. Follow the procedure outlined in this bulletin to replace the sub frame and perform a front wheel alignment. Before conducting the procedure, verify that the vehicle is included in the list of affected VINs.



### ★ NOTICE

A Service Action is a repair program without customer notification that is performed during the warranty period. Any dealer requesting to perform this repair outside the warranty period will require DPSM approval.

Repair status for a VIN is provided on WebDCS (Service → Warranty Coverage → Warranty Coverage Inquiry → Campaign Information). Not completed Recall / Service Action reports are available on WebDCS (Consumer Affairs → Not Completed Recall → Recall VIN → Select Report), which includes a list of affected vehicles.

This issue number is SA323.

File Under: <Chassis>

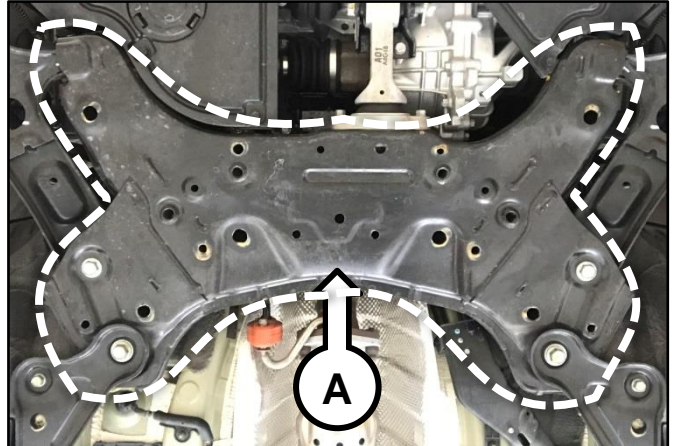
Circulate To:  General Manager  Service Manager  Parts Manager  
 Service Advisors  Technicians  Body Shop Manager  Fleet Repair

**\* NOTICE**

VINs that start with KNA are designated Forte (YD) and produced in South Korea.  
VINs that start with 3KP are designated Forte (YDm) and produced in Mexico.

**Replacement Procedure:**

1. Replace the sub frame by referring to the "Suspension System → Front Suspension System → Sub Frame → Repair procedures" chapter in the applicable Shop Manual on KGIS then proceed to the Cavity Wax Application Procedure below.

**Cavity Wax Procedure:****WARNING**

Do not eat, drink or smoke while using this product. Keep away from heat, sparks, open flames, hot surfaces and other ignition sources. Avoid breathing mist, vapors, spray. Wash thoroughly after handling. Wear protective gloves, protective clothing, eye protection, face protection.

Use with adequate ventilation. Respiratory: Level of exposure needs to be determined. If required, use a particulate filter, a NIOSH-approved air purifying respirator with organic vapor cartridge or a supplied air respirator. Filters should be replaced when breathing becomes labored. Cartridges should be replaced when odors pass through. Refer to MSD sheet (Links: Cavity Wax, Undercoating) for additional information and important warnings. All warnings provided by the MSD sheet are hereby incorporated by reference.

**\* NOTICE**

To prevent excessive vaporization of the cavity wax, use an inline air pressure regulator and adjust the pressure to the wax gun to 70-90 PSI max. (Labels on older cavity wax bottles may still call for 90-120 PSI; disregard and adjust pressure to 70-90 PSI max).

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**\* NOTICE**

- This procedure should **ONLY** be performed in temperatures above 32°F (0°C). Ensure that all surfaces are completely dry and free of moisture before applying cavity wax or undercoating.
- Using expired product may result in a poor spray pattern and/or insufficient cavity wax application. Discard any such product (following all applicable local/state/federal regulations). An expiration date has been added to the cavity wax so that any expired wax can be easily identified and discarded. The undercoating has a manufacturing date code printed on the bottom of the can. Undercoating should be discarded two years after the manufacturing date. In case of questions, please contact the Kia Chemical Program through <https://www.kdealer.com>.

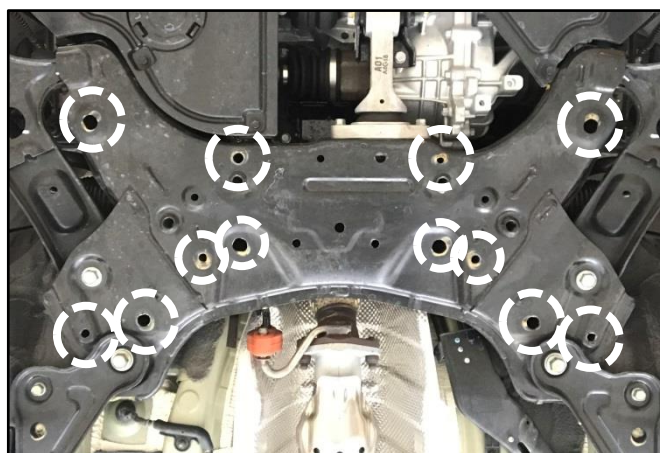
1. Using Quick Disconnect fittings suitable for the dealer's air supply system, install the in-line pressure regulator to a conveniently located wall air outlet and adjust the pressure to 70-90 PSI. Connect the air hose to the regulator, and connect the other end of the hose to the Kia Injection Gun (06700 10100), used to apply the cavity wax.
2. The injection gun nozzle should be inserted into the service holes in the sub frame and rotated so that there is even coating inside.

**\* NOTICE**

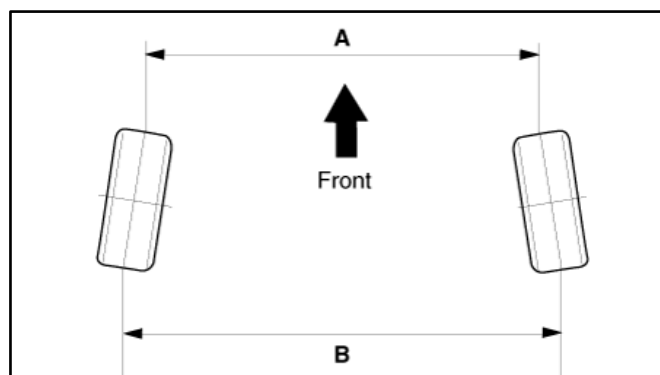
Avoid removing the nozzle from service holes during application to prevent cavity wax from contaminating surrounding areas.

**\* NOTICE**

Ensure all interior surfaces of the sub frame are coated completely during application.



2. Perform a front alignment by referring to "Front Suspension System → Suspension Alignment" as indicated in step 14 of the sub frame replacement procedure on KGIS.



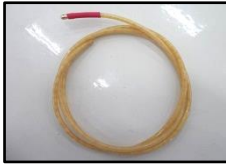
SUBJECT:

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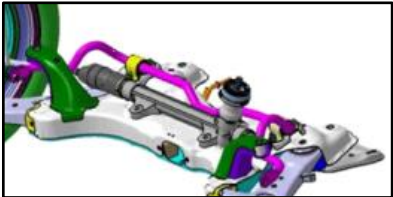
AFFECTED VEHICLE RANGE:

Model	Production Date Range
Forte (YD)	August 31, 2017 through September 4, 2017
Forte (YDm)	October 10, 2017 through October 23, 2017

REQUIRED TOOL:

Part Name	Part No.	Qty.	Figure	Comments
Kia SC141 Wax Injection Gun	06700 10100	1		Previously shipped to Dealers for SC141. For replacements, contact Snap-On Business Solutions at (888) 542-1011
Kia SC141 Wax Application Hose	06700 10110	1		
Air Pressure Regulator	IRCR37121600	1		Previously shipped to Dealers for SC141. For replacements, contact Snap-On Business Solutions at (888) 542-1011
Respirator (Organic / N95 Particulate)	SSC366150	1		
Cartridge for Respirator (6pk)	SSC100100	1		
Filter for Respirator (12pk)	SSC106000	1		

REQUIRED PART:

Part Name	Part Number	Figure	Comments
Cavity Wax	UM090 CH041*		One container covers two (2) vehicles
Sub Frame	62405 A7700QQK		-

\*MSDS available at links: [Cavity Wax](#)

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WARRANTY INFORMATION:

N Code: N99 C Code: C99

**\* NOTICE**

For vehicles with VINs beginning with KNA (designated Forte (YD) and produced in South Korea), submit the Warranty claim as SA323A.

For vehicles with VINs beginning with 3KP (designated Forte (YDm) and produced in Mexico), submit the Warranty claim as SA323B.

Model	Claim Type	Causal P/N	Qty.	Repair Description	Labor Op Code	Op Time	Replacement P/N	Qty.
YD	V	62405 A7700	0	(SA323A) Sub Frame Replacement, Cavity Wax Application, & Wheel Alignment (Spec sheet required See Note)	170137R0	2.1 M/H	62405 A7700QQK	1
YDm				(SA323B) Sub Frame Replacement, Cavity Wax Application, & Wheel Alignment (Spec sheet required See Note)	180M02R0	2.1 M/H	62405 A7700QQK	1

**NOTE:** Use sublet code 'X1' with a maximum allowed amount of \$12.50 for Cavity Wax reimbursement. A copy of the alignment printout must be attached to the claim and must have the RO# and VIN listed as required by policy, refer to section 9 of the SPPM.

**\* NOTICE**

VIN inquiry data for this repair is provided for tracking purposes only. Kia retailers should reference SA323 when accessing the WebDCS system.