

**► TASK** Inspect and test coolant; drain and recover coolant; flush and refill cooling system; use proper fluid type per manufacturer specification; bleed air as required.

**MAST**  
1D4

CDX Tasksheet Number: C050

Time off \_\_\_\_\_

Time on \_\_\_\_\_

Total time \_\_\_\_\_

1. Research the following specifications/procedures for this vehicle in the appropriate service information.

- a. What is the cooling system capacity? \_\_\_\_\_ qt/lt
- b. What type of antifreeze is required? \_\_\_\_\_
- c. List or print off and attach to this sheet the cooling system bleeding procedure:

2. Coolant Test:

- a. If the vehicle is cold or cool and not running, remove the radiator cap and test the coolant's freeze protection.
  - i. What is the coolant's freeze protection point? \_\_\_\_\_ °F/°C
- b. List the coolant's boiling point: \_\_\_\_\_ °F/°C at \_\_\_\_\_ psi/kPa
- c. Test the coolant's pH reading: \_\_\_\_\_
  - i. Is this within specification? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- d. Determine any necessary action(s):

3. Using the appropriate cooling system recycle/flush machine, flush and refill the cooling system with the correct amount of recommended antifreeze. Properly recycle/dispose of any used coolant.

- a. When this procedure is finished, retest the coolant's freeze protection: \_\_\_\_\_ °F/°C
  - i. What is the coolant pH? \_\_\_\_\_
  - ii. Is this within specification? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- b. Follow the manufacturer's procedure to bleed air out of the cooling system, if necessary.
- c. Place exhaust hoses on the vehicle's exhaust pipe(s) and wheel chocks to prevent the vehicle from moving. Start the vehicle and monitor the cooling system to make sure that the engine warms up properly and that the thermostat opens at the correct temperature. Also, check that the coolant is at the correct level.

d. Determine any necessary action(s):

4. Return the vehicle to its beginning condition and return any tools that you may have used to their proper locations.
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: C050**

**0**

**1**

**2**

**3**

**4**

Supervisor/instructor signature \_\_\_\_\_ Date \_\_\_\_\_