

**MAST**  
**3A1**

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

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

**1. List the customer's transmission-related concern(s):**

**4. List the cause of the concern(s):**

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

CDX Tasksheet Number: C101

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\_\_\_\_\_

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