

MAST
3D1

Time off _____

Time on _____

Total time _____

- © 2018 Jones & Bartlett Learning, LLC, an Ascend Learning Company

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

Performance Rating

CDX Tasksheet Number: C132

0

1

2

3

4

Supervisor/instructor signature _____ Date _____