

MAST
4E1

Time off _____

Time on _____

Total time _____

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b. List the cause(s) of the concern(s):

c. List the action(s) necessary to correct the fault(s):

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: C206

0

1

2

3

4

Supervisor/instructor signature _____ Date _____