

**MAST**  
8A1

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

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

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

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

**Performance Rating**

**CDX Tasksheet Number: C386**

**0**

**1**

**2**

**3**

**4**

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