

MAST
1A8

Time off _____

Time on _____

Total time _____

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6. Have your supervisor/instructor verify the removal of the mount.
Supervisor's/instructor's initials: _____
7. Reinstall the engine mount(s) according to the specified procedure.
8. Determine any necessary action(s):
9. Have your supervisor/instructor verify satisfactory completion of this procedure, any observations found, and any necessary action(s) recommended.

Performance Rating

CDX Tasksheet Number: C596

0

1

2

3

4

Supervisor/instructor signature _____ Date _____