

MAST  
2A11

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

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

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

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b. List the test equipment you used to diagnose this concern:

5. Determine any necessary action(s) to correct the fault:

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: C600

0

1

2

3

4

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