

MAST
4F2

Time off_____

Time on _____

Total time_____

5. List the cause of the concern:

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

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: C855

0

1

2

3

4

Supervisor/instructor signature _____ Date _____

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