

MAST
3E1:7

Time off _____

Time on _____

Total time _____

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4. Determine any necessary action(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: C890

0

1

2

3

4

Supervisor/instructor signature _____ Date _____