

**► TASK** Drain and replace fluid and filter(s); use proper fluid type per manufacturer specification.

**MAST**  
2B4

Time off	_____
Time on	_____
Total time	_____

CDX Tasksheet Number: C907

Vehicle used for this activity:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Odometer \_\_\_\_\_ VIN \_\_\_\_\_

**1. Research the specifications and procedure in the appropriate service information.**

- a. Transmission service interval: \_\_\_\_\_ mi/km
- b. Transmission fluid type: \_\_\_\_\_
- c. Transmission fluid capacity: \_\_\_\_\_ qt/lt
- d. Pan bolts torque: \_\_\_\_\_ in-lb/ft-lb/N·m
- e. Filter screw torque, if needed: \_\_\_\_\_ in-lb/ft-lb/N·m
- f. List the steps required to properly check the fluid level:

**2. Following the specified procedure, remove the transmission pan and filter (filter may be an external filter). Inspect any residue and debris in the bottom of the pan or stuck to the filter. List your observations:**

**3. Determine any necessary action(s):**

**4. Have your supervisor/instructor verify removal of the pan and filter. Supervisor's/instructor's initials: \_\_\_\_\_**

**5. Clean the pan, magnet, and gasket surfaces.**

**6. Following the specified procedure, install the filter, pan, gasket, initial amount of fluid, and any other removed components.**

**NOTE** Make sure you fill the transmission with the proper amount of the specified fluid. Most service information lists two fluid capacities: one for a drain and refill, and the second for an overhaul. Make sure you use the proper specification.

7. Follow the specified procedure to circulate the fluid and bleed any air from the system. This usually involves moving the gear selector through each position and then checking the fluid level. Add fluid to bring the fluid to the proper level (do NOT overfill).
8. Verify the correct operation of the transmission. This may require a test drive. Get your supervisor's/instructor's permission before performing this step, and list your observation(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: C907

0

1

2

3

4

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