

# CDX Tasksheet Number: MHT2C005

## Student/Intern Information

Name \_\_\_\_\_ Date \_\_\_\_\_ Class \_\_\_\_\_

## Vehicle, Customer, and Service Information

Vehicle used for this activity:

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

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

## Materials Required

- Vehicle with possible transmission concern
- Vehicle manufacturer's repair information
- Manufacturer-specific tools depending on the concern/procedure(s)

## Task-Specific Safety Considerations

- Activities may require test-driving the vehicle on the school grounds or on a hoist, both of which carry severe risks. Attempt this task only with full permission from your supervisor/instructor, and follow all the guidelines exactly.
- Comply with personal and environmental safety practices associated with clothing; eye protection; hand tools; power equipment; proper ventilation; and the handling, storage, and disposal of chemicals/materials in accordance with federal, state, and local regulations.
- Always wear the correct protective eyewear and clothing and use the appropriate safety equipment, as well as fender covers, seat protectors, and floor mat protectors.
- Make sure you understand and observe all legislative and personal safety procedures when carrying out practical assignments. If you are unsure of what these are, ask your supervisor/instructor.
- While working on the vehicle, wheel chocks must be placed on both sides of one set of tires or as directed by your supervisor/instructor.
- Exhaust evacuation hoses must be placed over exhaust outlets while the engine is used in the confined shop space.

► **TASK** Inspect the transmission breather; inspect transmission oil filters, coolers, and related components; determine needed action.

**MTST**  
II.C.5; P2

**Student Instructions:** Read through the entire procedure prior to starting. Prepare your workspace and any tools or parts that may be needed to complete the task. When directed by your supervisor/instructor, begin the procedure to complete the task and check the box as each step is finished.

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

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

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

Procedure:	Step Completed
1. Reference the appropriate manufacturer's repair information.	<input type="checkbox"/>
2. Inspect the transmission breather.	<input type="checkbox"/>
a. The breather cap should be free to move on top of the breather body without coming off.	<input type="checkbox"/>
b. The presence of oil residue from vapors is acceptable, but fresh oil should not be coming from the breather cap.	<input type="checkbox"/>
i. Meets the manufacturer's specifications: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
ii. If no, list your recommendations for any rectifications:	<input type="checkbox"/>
3. Reference the appropriate manufacturer's repair information for the procedure to inspect transmission oil filters, coolers, and related components.	<input type="checkbox"/>
a. The filter should match the manufacturer's required filter part number.	<input type="checkbox"/>
b. There should be no oil leaks from the filter gasket or from cracks in the filter housing.	<input type="checkbox"/>
c. Check that the filter is tightened to the manufacturer's specifications.	<input type="checkbox"/>

d. Check that the cooler is not leaking from any oil line connections or damage to the cooling passages.	<input type="checkbox"/>
e. Check that the cooling fins are not bent or obstructed with dirt or debris.	<input type="checkbox"/>
i. Meets the manufacturer's specifications: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
ii. If no, list your recommendations for any rectifications:	<input type="checkbox"/>
4. Return the vehicle to its beginning condition, and return any tools you used to their proper locations.	<input type="checkbox"/>
5. Discuss your findings with your supervisor/instructor.	<input type="checkbox"/>

<b>Non-Task-Specific Evaluations:</b>	<b>Step Completed</b>
1. Tools and equipment were used as directed and returned in good working order.	<input type="checkbox"/>
2. Complied with all general and task-specific safety standards, including proper use of any personal protection equipment (PPE).	<input type="checkbox"/>
3. Completed the task in an appropriate time frame (recommendation: 1.5 or 2 times the flat rate).	<input type="checkbox"/>
4. Left the workspace clean and orderly.	<input type="checkbox"/>
5. Cared for customer property and returned it undamaged.	<input type="checkbox"/>

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Comments:**

Have your supervisor/instructor verify satisfactory completion of this procedure, any observations made, and any necessary action(s) recommended.

**Evaluation Instructions:** The scoring box below is intended to act as a guide for both student and supervisor/instructor. Each criterion listed will help students to understand what is expected of them and help supervisors/instructors to articulate the level of success at a particular task. The scoring is set up to allow a second attempt at each task (see the Test and Retest columns). Scoring is also designed only to award students points for task criteria that were completed correctly. Points are lost for failure to complete the employability requirements (see Non-Task-Specific Evaluation criteria). When all criteria are evaluated, tally the points for a total at the bottom of each column.

## Tasksheet Scoring

	Test		Retest	
Evaluation Items	Pass	Fail	Pass	Fail
Task-Specific Evaluation	(1 pt)	(0 pts)	(1 pt)	(0 pts)
Student detailed the 3 Cs on the submitted repair order.				
Student used manufacturer's repair information.				
Student performed diagnostic observations properly and made appropriate conclusions.				
Student completed repairs as directed by the supervisor/instructor.				
Non-Task-Specific Evaluation	(0 pts)	(-1 pt)	(0 pts)	(-1 pt)
Student successfully completed at least three of the non-task-specific steps.				
Student successfully completed all five of the non-task-specific steps.				
<b>Total Score:</b> <total # of points /4 = %>				

### Supervisor/Instructor:

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

### Comments:

Retest supervisor/instructor signature \_\_\_\_\_ Date \_\_\_\_\_

### Comments:

