



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

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: C267**

**0**

**1**

**2**

**3**

**4**

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