

# CDX Tasksheet Number: MHT7D001

## 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 maintenance or operational concerns
- 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** Test the operation of the wipers and washer; inspect the windshield glass for cracks or discoloration; check the sun visor, seat condition, operation, and mounting; check door glass and window operation; verify the operation of the door and cab locks; inspect the steps and grab handles; inspect mirrors, mountings, brackets, and glass; determine needed action.

**MTST**  
VII.D.1; P1

**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 information.	<input type="checkbox"/>
2. Inspect and check the operation of the windshield wiper blades (ensure that the windshield is wet before operating the wipers) and note their condition. Good: <input type="checkbox"/> Need(s) repair/replacement: <input type="checkbox"/>	<input type="checkbox"/>
a. If faulty, list the problems and your recommendation(s):	<input type="checkbox"/>
3. Check the operation of the windshield washer system for the correct spray pattern and volume.	<input type="checkbox"/>
a. Condition of the washer spray: Good: <input type="checkbox"/> Bad: <input type="checkbox"/>	<input type="checkbox"/>
b. If the condition of the washer spray is bad, consult the manufacturer's repair manual for the proper procedures to repair or replace the washer system. Record the procedures:	<input type="checkbox"/>
4. Inspect the windshield for any damage—cracks, chips, scratches, or visual deterioration. Good: <input type="checkbox"/> Need(s) repair/replacement: <input type="checkbox"/>	<input type="checkbox"/>
a. If it needs repair/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>
(Note: When replacing a windshield, ensure that it is AS1 compliant.)	
5. Condition of the sun visor: Good: <input type="checkbox"/> Need(s) repair/replacement: <input type="checkbox"/>	<input type="checkbox"/>
a. If it needs repair/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>

6. Check the seat condition, operation, and mounting:	<input type="checkbox"/>
a. Are the seats in good condition and do they meet current legislative requirements? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
i. If no, list the problems and your recommendation(s):	<input type="checkbox"/>
b. Are the seats operating in accordance with the manufacturer's specifications and current legislative requirements? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
i. If no, list the problems and your recommendation(s):	<input type="checkbox"/>
c. Are the seats secured in accordance with the manufacturer's specifications and current legislative requirements? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
i. If no, list the problems and your recommendation(s):	<input type="checkbox"/>
7. Check the door glass and window operation.	<input type="checkbox"/>
a. Door window(s) operation: Good: <input type="checkbox"/> Faulty: <input type="checkbox"/>	<input type="checkbox"/>
i. If faulty, list the problems and your recommendation(s):	<input type="checkbox"/>
b. Condition of the door window(s): Good: <input type="checkbox"/> Need(s) repair/replacement: <input type="checkbox"/>	<input type="checkbox"/>
i. If it needs repair/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>
8. Inspect the vehicle entry safety items fitted to this vehicle.	<input type="checkbox"/>
a. Check the security of the cabin entry steps and grab handles: Good: <input type="checkbox"/> Need(s) repairs/replacement: <input type="checkbox"/>	<input type="checkbox"/>

i. If they need repair/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>
b. Check the suitability and condition of the cabin entry steps and grab handles (e.g., any rust, jagged edges etc.): Good: <input type="checkbox"/> Need(s) repairs/replacement: <input type="checkbox"/>	<input type="checkbox"/>
i. If they need repair/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>
9. Inspect and lubricate all interior components requiring periodic lubrication.	<input type="checkbox"/>
a. Condition of door(s) and hood hinges: Good: <input type="checkbox"/> Need(s) repair/replacement: <input type="checkbox"/>	<input type="checkbox"/>
i. If they need repairs/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>
ii. Are they lubricated? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
iii. If no, why not?	<input type="checkbox"/>
b. Condition of the latches, strikers, and safety latches: Good: <input type="checkbox"/> Need(s) repairs/replacement: <input type="checkbox"/>	<input type="checkbox"/>
i. If they need repairs/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>
ii. Are they lubricated? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
iii. If no, why not?	<input type="checkbox"/>

c. Condition of the lock cylinders, linkages, and cables: Good: <input type="checkbox"/> Need(s) repairs/replacement: <input type="checkbox"/>	<input type="checkbox"/>
i. If they need repairs/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>
ii. Are they lubricated? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
iii. If no, why not?	<input type="checkbox"/>
10. Inspect the vehicle's fitted external mirrors (if required by national/federal law).	<input type="checkbox"/>
a. Condition of the external mirror glass: Good: <input type="checkbox"/> Faulty: <input type="checkbox"/>	<input type="checkbox"/>
i. If faulty, list the problems and your recommendation(s):	<input type="checkbox"/>
b. Condition of external mirror mounting and bracket(s): Good: <input type="checkbox"/> Needs repairs/replacement: <input type="checkbox"/>	<input type="checkbox"/>
i. If they need repairs/replacement, list the problems and your recommendation(s):	<input type="checkbox"/>
11. Return the vehicle to its beginning condition, and return any tools you used to their proper locations.	<input type="checkbox"/>
12. 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 procedures 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:

