

CDX Tasksheet Number: MHT8A009

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 hydraulic 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** Perform system operational tests; determine needed action.

MTST
VIII.A.9; P3

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. Perform a visual inspection.	<input type="checkbox"/>
a. Note any oil leaks that may prevent the safe operation of hydraulic components:	<input type="checkbox"/>
b. Note any damage to the structures that may prevent the safe operation of the components:	<input type="checkbox"/>
c. Note any deficiencies to the safety systems that may result in hazardous operating conditions:	<input type="checkbox"/>
d. Did the visual inspection reveal any unsafe conditions? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
i. If yes, list your recommendations:	<input type="checkbox"/>
3. Perform system operational tests.	<input type="checkbox"/>
a. Does the hydraulic pump operate at the proper pressure? Are the sounds made normal? Are cycle times within the manufacturer's specifications? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
i. If no to any of the above, list your recommendations:	<input type="checkbox"/>
b. Are the hydraulic filters and reservoirs operating properly without any signs of fluid contamination? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>

i. If no, list your recommendations:	<input type="checkbox"/>
c. Are the hydraulic lines, fittings, and connections showing signs of damage causing leaks or restrictions? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
i. If yes, list your recommendations:	<input type="checkbox"/>
d. Are the hydraulic control valves moving freely? Are the linkages or pilot systems operating properly? Is the flow through the valve sufficient to meet cycle time requirements? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
i. If no to any of the above, list your recommendations:	<input type="checkbox"/>
e. Are the actuators performing to the manufacturer's specifications? Are the cylinders extending and retracting properly? Are the motors operating properly? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>
i. If no to any of the above, list your recommendations:	<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"/>

Non-Task-Specific Evaluations:	Step Completed
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 operations 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.				
Total Score: <total # of points /4 = %>				

Supervisor/Instructor:

Supervisor/instructor signature _____ Date _____

Comments:

Retest supervisor/instructor signature _____ Date _____

Comments:

