**Meets ASE Task:** (A5-B-7) P-1 Bleed and/or flush the brake system.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Time on Task:\_\_\_\_\_\_\_\_\_\_\_\_\_

Make/Model/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation (Enter number from 4, 3, 2, 1) :\_\_\_\_\_\_\_\_\_

**Brake Bleeding**

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**1.** Check service information for the specified procedure to follow when bleeding and/or

flushing the brake system. Describe the specified procedure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.** Perform a brake bleeding/flushing procedure. **Instructor’s check \_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.** Which method(s) was used (check all that apply)?

Normal (single stroke) method

Pressure bleeding

Vacuum bleeding

Gravity bleeding

Brake system was flushed

**4.** Was the use of a scan tool needed or suggested?

Yes (What scan tool?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****  No