**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