[ ]  1. Check service information for the specified procedure to follow when bleeding and/or flushing the brake system. Describe the specified procedure.

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

Meets ASE Task: A5 – B-7 – P-1

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

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

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

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

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

**Brake Bleeding**

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

[ ]  2. Perform a brake bleeding/flushing procedure.

[ ]  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

