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

