

# Brake Bleeding

Meets ASE Task: A5 – B-7 – P-1

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time on Task: \_\_\_\_\_

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

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

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

---

---

- ☐ 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

