

**Listing of
Units of Competence,
Index to Record and Report Sheets**

AUR 217 99 Automotive Mechanical (Vehicle Servicing)

Compulsory Common Core						
Work Evidence Report No.	Unit Number	Competency Unit Title	Work Evidence Required	Record Page No	Report Page No	Date Presented to RTO
N/A	AUR70125A	Follow Workplace Occupational Health and Safety procedures	No	N/A	N/A	N/A
N/A	AUR70278A	Use of and maintenance of workplace tools and equipment	No	N/A	N/A	N/A
N/A	AUR70314A	Contribute to workplace communication	No	N/A	N/A	N/A
N/A	AUR70421A	Establish relations with customers	No	N/A	N/A	N/A
Vehicle Servicing Compulsory Stream						
7292WB	AUR00108A	Carry out maintenance and/or component servicing operations	Yes	7 & 8	30	
7292WD	AUR01170A	Service engines and associated engine components	Yes	9 & 10	31	
7118GW	AUR02170A	Service cooling systems and associated components	Yes	11	32	

Vehicle Servicing Compulsory Stream (Cont)						
Work Evidence Report No.	Unit Number	Competency Unit Title	Work Evidence Required	Record Page No	Report Page No	Date Presented to RTO
7118LW	AUR06170A	Service clutch assemblies and/or associated operating system	Yes	13	34	
	AUR06670A	Service transmission (manual)				
	AUR07170A	Service transmission (automatic)				
	AUR12670A	Service final drive assemblies				
	AUR13170A	Service final drive (drivelines)				
7118AW	AUR10170A	Service braking systems	Yes	14 & 15	35	
7118BW	AUR15170A	Service steering systems	Yes	16	36	
	AUR16170A	Service suspension systems				
7292HW	AUR18676A	Test, service and replace battery	Yes	17	37	

Elective Stream – 3 Units of Competence to be completed						
7118FW	AUR03670A	Service diesel fuel injection systems	Yes	19	39	
7139BW	AUR17606A	Balance wheels/tyres	Yes	20	40	
7139WA	AUR17665A	Remove, fit and adjust wheel(s)	Yes	21	41	
7139AW	AUR17766A	Remove, repair and fit tyres and tubes (light)	Yes	22	42	
7292FW	AUR18708A	Carry out minor repairs to electrical circuit/system	Yes	23	43	

Change of Employment Details

Change of Employer Details

SECOND EMPLOYER

Commencement of Employment: _____

Transfer or Termination of Employment: _____

Company or Business Name: _____

Trading Name (if different from above): _____

Address: _____

Contact Details: Phone: _____ **Mobile:** _____

FAX: _____ **E-mail:** _____

Change of Employer Details

THIRD EMPLOYER

Commencement of Employment: _____

Transfer or Termination of Employment: _____

Company or Business Name: _____

Trading Name (if different from above): _____

Address: _____

Contact Details: Phone: _____ **Mobile:** _____

FAX: _____ **E-mail:** _____