P.I.P.E. Plumbing Industry Professional Education

ON-THE-JOB TRAINING REPORT

* Explanation *

Submit completed report to: Kathie Blackwell
pipeapprenticeship@gmail.com
pipe@abccf.org

John Doe
APPRENTICE NAME

Plumbing Company
COMPANY NAME

July 2024
MONTH BEING REPORTED

Each column represents a day of the month

	1st	2nd	3rd	4th	5th	6th	7th	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS
						S	S						S	S						S	S							S	S				
A	5	4	3	1	3																											=15 A
B	1	2	2	HOLIDAY	4																								5	4	5	=23 B
C			1								2				1	1	1	1	2				2	3	3	2			1	2	2	=24 C
D								7	5	5	4	7										6	5	3	4						=46 D
E	2	2	2	H	1			1	2	2	1	1			2	2	1	1	2			2	1	2	1	1			2	2	1	=34 E
F				1											5	5	6	6	4							5						=31 F

All rows need to be totaled and put in this column

A. Sanitary & Storm (1200 hrs.)
B. Pipe Systems (2100 hrs.)
C. Water Systems (1700 hrs.)
D. Fixtures (1,500 hrs.)
E. Safety, Tools & Equipment (500 hrs.)
F. Water Heater & Misc. Piping (1000 hrs.)

Each Column = the # of hours worked that day

If they work a Sat. or Sun. they do log their hours

TOTAL OJT HOURS 173 =

EVALUATION OF APPRENTICE

To be completed and signed by immediate supervisor/foreman. *

	Area of Evaluation	GOOD	AVERAGE	POOR
1	Demonstrates job knowledge	✓		
2	Follows instruction	✓		
3	Organizes work	✓		
4	Accuracy and quality of work	✓		
5	Assumes and demonstrates responsibility		✓	
6	Ability to learn assigned tasks	✓		

	Area of Evaluation	GOOD	AVERAGE	POOR
7	Attitude		✓	
8	Care and use of equipment	✓		
9	Works safely	✓		
10	Attendance	✓		
11	Punctuality	✓		

Apprentice Signature John Doe — Apprentice Must Sign

Supervisor's Signature Dan Allen

Supervisor's Name (printed) Dan Allen — Supervisor Must Sign & Print

BOOKKEEPER CERTIFICATION *(**required** if above OJT hours total more than 250)*

I hereby certify that the hours stated are correct and that the named apprentice is receiving at least the amount listed as the current minimum hourly wage.

Signature _____ Date _____

OFFICE USE ONLY

TOTAL OJT'S : _____ PERIOD ADJUSTMENT: _____% $_____ COORDINATOR INTIALS:_____