

P.I.P.E. Plumbing Industry Professional Education ON-THE-JOB TRAINING REPORT

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

APPRENTICE NAME

COMPANY NAME

MONTH BEING REPORTED

	1	2	3	4	5	6	7	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
A																																A
B																																B
C																																C
D																																D
E																																E
F																																F

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.)

TOTAL OJT HOURS _____

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

	Area of Evaluation	GOOD	AVERAGE	POOR		Area of Evaluation	GOOD	AVERAGE	POOR
1	Demonstrates job knowledge				7	Attitude			
2	Follows instruction				8	Care and use of equipment			
3	Organizes work				9	Works safely			
4	Accuracy and quality of work				10	Attendance			
5	Assumes and demonstrates responsibility				11	Punctuality			
6	Ability to learn assigned tasks								

Apprentice Signature_____

Supervisor's Signature_____

Supervisor's Name (printed)_____

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 INITIALS: _____