Apprentice Monthly Progress Record

MA# **Committee:**

Enter the total hours from the previous Monthly Progress Report in Column 'B'. Enter daily, to the nearest hour, time spent on each work process. Add the daily record hours and total in Column 'C' ; add the hours from Column 'B' and the total in Column 'C'. Keep a copy of each MPR for your next month's entry.

`Mail to:
Area I Plumbers
15800 SW Boones Ferry Road Ste B-3
Lake Oswego, OR 97035
503-675-0548
AREAONEJATC.COM

Name: _____ Agreement # _____

Address: _____

_____

Month/Year

'A' List work processes as in standards OJT HOURS	'B' Hours brought forward	Each day list the number of hours worked on each work process. Keep your records to the nearest hour. 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 Month 'C'	Total hours to date 'D'
a. Sewerage, sanitary and storm piping, disposal 750																																		
b. Drainage, waste and vet pipeline, DWV 2,400																																		
c. Soldering, brazing, welding 500																																		
d. Water supply, services, mains, appurtenances 2,200																																		
e. Fixtures, appliances, trim and supports. 1,350																																		
f. Gas piping equipment appliances 100																																		
g. Miscellaneous plumbing and piping 400																																		
TOTAL HOURS																																		
Enter class hours attended																																		

Class Taken: _____

_____

_____

_____

Name of Firm/Employer: _____

Location or Worksite: _____

_____

Apprentice: I certify that the above information is correct.

Signed: _____

Employer: Please answer the following questions:	Yes	No
1. Is the apprentice punctual?		
2. Is he/she willing to learn?		
3. Does he/she show initiative?		
4. Is his/her quality of work good?		
5. Does he/she follow established safety practices?		
6. Would you recommend him/her for rerating?		

Employer Comments: _____

Employer Signature: _____