Fitter Apprentice Monthly Progress Record

EMAIL - evals@seattlepipetrades.org

Return to:
Seattle Area Pipe Trades
595 Monster Rd. SW
Renton, WA 98055
Phone (425) 271-5900
Fax (425) 271-4985

Name	Employer	Steamfitter	
Month	Journeyman	Marine Pipefitter	
Year	Worksite	LIGHT DUTY	

Enter the total hours from the previous month in Column B. Enter daily, to the nearest hour, time spent in each process; total the hours across and enter in Column C. Add columns B & C for total OJT in Column D. Keep a copy of each record for next month. **Return a copy to the JATC office by the 10th of each month**.

	A	B																													C	D
Work Process	**Hours forward**	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	**Month**	**Total**
High & Low Pressure Steam																																		
Heating / Chilled Water Piping																																		
Condenser Water Piping																																		
Industrial Process Piping																																		
Instrument & Control Piping																																		
Condensate Drains																																		
High Purity Piping																																		
Natural Gas Piping																																		
Fuel Piping																																		
Boiler Installation																																		
Pump Installation																																		
Chiller Installation																																		
VRF Equipment & Piping																																		
Demolition																																		
Layout																																		
Hangers & Sleeving																																		
Testing																																		
Fire Caulking																																		
Clean Up / Material Handling																																		
Welding (Specify Type)																																		
Fabrication Shop																																		
Rigging																																		
Other (Specify)																																		
																																	TOTAL	
Direct Journeyman Supervision																																		
Class Hours																																		

I certify the above information is correct

Apprentice - (sign with printed name)

Journeyman / Foreman - (sign with printed name)

Journeyman / Foreman - Contact Number

APPRENTICE SELF EVALUATION:	Below Expectations	Meeting Expectations	Exceeding Expectations
Punctuality / Attendance:			
Attitude:			
Safe Work Practices:			
Initiative:			
Quality:			
Quantity:			
Comments:			

Journeyman / Foreman: I agree with the Apprentices Self Evaluation: Yes: ☐ No: ☐

If "No" Please Comment Below

Comments: