Plumber 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	Commercial Plumbers	
Month	Journeyman	Enhanced Plumbers	
Year	Worksite	Service Plumbers	
		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**
Waste & Vent Piping																																		
Domestic Water Piping																																		
Medical Gas System																																		
Natural Gas Piping																																		
Fixtures & Trim																																		
Underground Piping / Utilities																																		
Rainwater Piping																																		
Piping (Other)																																		
Toilet Room Accessories																																		
Testing																																		
Drilling																																		
Sleeving / Inserting																																		
Layout																																		
Hangers																																		
Carriers																																		
Fire Caulking																																		
Clean Up / Material Handling																																		
Rigging																																		
Fabrication Shop																																		
Backflow Prevention Devices																																		
Drain Cleaning / Jetting																																		
Service ON Call (Working)																																		
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: