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 Johnny Plumber	Employer Fast Eddy's Plumbing	Commercial Plumbers	X
Month January	Journeyman Boomer McPhitter	Enhanced Plumbers	
Year 2021	Worksite Various sites doing Tenant Improvement	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		1510				8	4		6	6																							
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: