On The Job Training Form

Plumber

Name Of Apprentice: _____ Training Preiod: _____ Month: _____ Year: _____

Please print clearly

	Hours	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	Total	Total From Previous Month	New Combined Total
Work Process A	350																																				
Work Process B	1760																																				
Work Process C	1760																																				
Work Process D	820																																				
Work Process E	144																																				
Work Process F	350																																				
Work Process G	140																																				
Work Process H	144																																				
Work Process I	550																																				
Work Process J	144																																				
Work Process K	350																																				
Work Process L	350																																				
Work Process M	144																																				
Work Process N	144																																				
Work Process O	350																																				

Apprentice Evaluation by Supervisor: _____

_____

_____

_____

_____

_____
Signature of Supervisor

_____
Signature of Apprentice

Monthly record should be checked and verified by the supervisor. Please make comments and recommendations at the end of the training period.

Pomona, San Gabriel Valley and Vicinity Plumbers and Steam fitters JATC

Rev 11-19-2019