

PLUMBERS & PIPEFITTERS UA LOCAL 192 J.A.T.C. APPRENTICE TIME REPORT

NAME _____ **MO/YR** *1 2017* **JOB LOCATION** _____

PHONE NUMBER _____ **ADDRESS** _____

EMPLOYERS _____ *Journeyman/Supervisor Signature on Opposite Side. Please Fill out.* **TOTALS**

| 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 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
|-----------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| USE & CARE OF TOOLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SAFETY, RIGGING & SIGNALING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AIR CONDITIONING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GAS PIPING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEATING SYSTEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HYDRONIC SYSTEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDUSTRIAL PIPING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLUMBING FIXTURES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAINAGE SYSTEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WATER SUPPLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GAS INSTALLATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PIPING INSTALLATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTROLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFRIGERATION SYSTEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PIPING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOILERS, RADIATORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

APPRENTICE SIGNATURE _____

This daily report must be filled out and turned in by the 10th of the following month.
**** This form now has two sides. Opposite side is to be filled out by Journeyworker or Supervisor.**
MAIL TO: 411 W 5th St. CHEYENNE WY 82007
FAX: (307)778-2718

COORDINATOR REVIEW DATE: _____
COORDINATOR INITIALS: _____

| | | | | |
|----------------|--------|---|-------|---|
| NON COMPLIANT: | FRONT: | □ | BACK: | □ |
|----------------|--------|---|-------|---|

**PLUMBERS & PIPEFITTERS UA
LOCAL #192 JATC**

PROJECT:

LOCATION: (TOWN/CITY)

NAME OF EVALUATOR (PLEASE PRINT):

SIGNATURE:

TITLE:

DATE:

TIME:

All of the above is to be filled out by the Journeyworker or Supervisor. If there are any questions please contact:
Seth Kamarad
Training Coordinator Local #192
Work: 307-634-5837 Ext. 5
Cell: 307-421-0373

**MONTHLY RANKING TO BE FILLED OUT BY
JOURNEYMAN OR SUPERVISOR:**

PLEASE COMMENT:

>>>>COMPLIANCE:<<<<

****TO BE COMPLIANT, THIS SHEET MUST BE FILLED OUT FRONT AND BACK BY THE APPRENTICE AND HIS JOURNEYWORKER AND SIGNED BY BOTH. THE RANKING PORTION OF THIS PAGE MUST BE COMPLETED AND IF THERE ARE DEFICIENCIES PLEASE PROVIDE DETAILS ABOVE. IF THESE ITEMS ARE NOT COMPLETED THIS TIME REPORTING SHEET WILL BE CONSIDERED NON-COMPLIANT. THIS ISSUE IS COVERED IN THE APPRENTICE AGREEMENT.**

APPRENTICE RANKING

RANK 1 TO 5 / 5 BEING HIGHEST

| 1 | 2 | 3 | 4 | 5 | DESCRIPTION: |
|---|---|---|---|---|------------------------|
| | | | | | APPEARANCE |
| | | | | | ATTENDANCE |
| | | | | | ATTITUDE |
| | | | | | COOPERATION |
| | | | | | INITIATIVE |
| | | | | | MECHANICAL ABILITY |
| | | | | | PERFORMANCE |
| | | | | | PUNCTUALITY |
| | | | | | SAFETY |
| | | | | | KNOWLEDGE OF TOOLS |
| | | | | | KNOWLEDGE OF EQUIPMENT |

**Please provide information about serious issues due to lack of training that need to be addressed by the JATC in the Comment Section provided to the left.*

