

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

NAME _____ **MO/YR** *1 2020* **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:	<input type="checkbox"/>	BACK:	<input type="checkbox"/>
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