

All of the above is to be filled out by the Journeyworker or supervisor.

Please provide information about serious

addressed by the JATC in the Comment

Section Above.

issues due to lack of training that need to be

Local 192 Cheyenne WY JATC Plumber Work Evaluation Form

STATE OF THE STATE

Name	Phone	
Address	(Check if new address) City	ZIP
Contractor	Month	20

	Quality	of	<u>Work</u>	<u>Scores</u>
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- 5-Excellent
- 4-Above Average
- 3-Average
- 2-Below Average
- 1-Very Poor

	Work Process System	1	2	3	4	5	6	7	8	9	10	11	12	13 1	4 1	.5 16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	Quality of Work
Α	Piping and Tubing																																
В	Inspection and Testing																																
С	Mathematics, Measurements, Scier	nce																															
D	Safety																																
Ε	Plumbing Fixtures																																
F	Water Supply and Distribution																																
G	Drainage, Waste and Vent Systems and Pumps																																
Н	Welding																																
1	Gas Systems																																
J	Related Science, Code, Blueprint Reading																																
	TOTAL																																
APPRENTICE EVALUATION: Please rate each category below acc								ccord	dingly	/. 5·	-Exce	ellent;	4-A	Above	Avera	ige;	3-Ave	erage	; 2-	Belov	v Ave	rage	; 1-	-Very	/ Poo	r							
		MONTI	HLY R	RANK	ING 1	го в	E FILI	LED	OUT					APP	RENT	TICES	Kee	р Асс	urat	e Re	cord	s Da	ily				A	реа	rance	•			
BY JOURNEYMAN OR SUPERVISOR							Entor	· dai	ly rec	ard o	of hou	irs of	on-t	ho-ir	h la	arnir	ıσ					Attendance											
Project (PLEASE COMMENT)																																	
(PELASE COMMENT)						4	Submit to Journeyman or Supervisor for evaluation at the end of th month.													tne	Attitude												
Location (Town/City)						3. All Work Reports must be in the JATC Office by the 10th of the																											
Name of Funktory (places print)					following month for the month worked. Initiative																												
Name of Evaluator (please print)					Due by 10th of following month Mechanical Ability																												
Signature						Performance																											
					Comments: Punctuality																												
Title						\parallel	_														Safety												
Date						┧┖	<u> </u>														Knowledge of Tools												
										-	***COMPLIANCE*** Knowledge of Equipment																						
Time						4	To be compliant, this sheet must be filled out completely by 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 and his Journeyworker and signed by both. The

RETURN TO:

Plumbers & Pipefitters UA Local #192 411 W. 5th St. Cheyenne, WY 82007 Fax: (307) 778-2718 Email: dan@plumbers192.org