

APPRENTICE WORKING EVALUATION FORM

Plumbers & Pipefitters Local 777 J.A.T.C.

Apprentice: _____ Month: _____ Year: _____ Class #: _____

Employer: _____ Site: _____

Foreman's Cell Phone #: _____

EMPLOYER INSTRUCTIONS: Please complete this report as accurately as possible and return it to the above apprentice.
Your help is appreciated and necessary to evaluate this apprentice.

SCORE KEY: (1) Unsatisfactory (2) Needs Improvement (3) Average (4) Good (5) Excellent

	Aptitude - Mechanical	Mechanical performance and mental planning
	Work Progress	Learning – would be an asset for employer and/or journeyman
	Initiative	Desire to attain goals, both personal and job related
	Attitude	Spirit in which the job is performed and towards others
	Personality	The way he/she reacts to people on the job
	Dependability	Performs and understand tasks without constant supervision
	Trade Knowledge	Knowledge level
	Attendance	Work on time, breaks, etc.
	Safety Rules	Good Sense of safety and use of safety equipment
	Quality & Accuracy	Performance with acceptable quality
	Care of Tools	Use and Care of tools for equipment provided by supervisor
	Other (Please explain)	

Foreman's Name (Please Print Clearly): _____

Signature of Foreman: _____ Date: _____

Scores below 3 Must be accompanied with a comment below...

APPRENTICE TIME CARD RECORD

List of Journey Workers Paired with Apprentice (please print name(s) clearly)

Signature of Foreman: _____

Date: _____

Total Work Hrs This Month: _____

This will determine your on-the-job training hrs and wage increases. This form must be completely filled in by adding all working hours for the day, then totaled to date for each classification. This card must be signed by your Foreman/Employer on the front and back. Evaluations are due on each Monday when the apprentice returns to class. Failure to have your evaluation completed, signed and turned in on time will count as an absence or may be returned causing a delay.

This report is for the month of _____ Year _____ Class # _____

	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	TOTAL
	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	For Month
A																																
B																																
C																																
D																																
E																																
F																																
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X																																
Y																																
The Letter Z is reserved for school hours only and is NOT counted in the monthly OJT hour total																																
Z																																

A-	Drainage & Venting	G-	Reading & Interp. Plans	M-	Gas Fitting	S-	Compressors
B-	Water Supply & Distribution	H-	Layout Work	N-	Pumps	T-	Control
C-	Fixtures & Appliances	I-	Paperwork (listing materials)	O-	Steam Heating	U-	Refrigeration
D-	Solar Thermal	J-	Machine Operation	P-	Chilled Water	V-	Medical Gas -Brazing
E-	Rigging	K-	General Work in Shop	Q-	Hydronic Heating	W-	Electrical
F-	Process Pipe Work	L-	Setting of Equipment	R-	Evaporators & Condensers	X-	Tool Box talks
Joining Methods Used This Month						Y-	Others-explain under comment
Soldering		Brazing		Propress		Pex or equivalent	
Glue (Pressure Pipe)		No Hub		Glue PVC/ABS Other		Threading	
Welding		Victaulic		Other			
Y							
Y							
Y							
Y							