

COTATC Industrial Maintenance Millwright

<p>Enter the total hours from the previous Monthly Progress Record in Column "B". Enter daily to the nearest hour time spent on each work process. Add the hours from Column "B" plus the hours from your Daily Record and enter the total in Column "C". Keep a copy of each MPR for you next month's entry.</p>	<p>MAIL TO: NW Apprenticeship PO Box 1958 Grants Pass, OR 97528 Phone 541-279-1543</p>	<p>nwapprenticeship@gmail.com PHONE #</p> <p>Name: _____ Agreement #: _____</p> <p>Address: _____</p> <p>Wage per hour: _____ Month: _____ Year: _____</p>
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A List work processes as per standards	B Hours Brought Forward	DAILY RECORD Each day record the number of hours worked on each work process. Keep you records to the closest 1/4 hour.																														C Total Hours Daily		
		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	
General Maintenance 2250																																		
Maintaince/Repair of Machinery 3250																																		
Lubrication, oils/Grease 200																																		
Welding Arc/Acetylene 1100																																		
Basic Machine Shop Pratices 1200																																		
<p>Elective work processes: An employee or employer desiring to upgrade in certain phases of the trade may assign or select work in one or more of the following electives. Hours worked under an elective shall be counted in lieu of hours in the major work processes. Please see Standards for specifics in the areas listed below</p>																																		
Gasoline engines 50																																		
Instruments 200																																		
Advanced Hydraulic & pnumatic systems 175																																		
Total Hours 8000																																		
Class Hours 576																																		

SEND GRADE REPORTS WITH YOUR DECEMBER, APRIL AND JUNE MPR'S. Your rerates are tied to your class completion

Instructor's Comments: _____

Instructor's Signature: _____

NAME OF FIRM/EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE #: _____

APPRENTICE EMAIL _____

APPRENTICE _____

EMPLOYER: Please answer the following questions:

	Yes	No
Is the apprentice punctual?		
Is he/she willing to learn?		
Does he/she show initiative?		
Is his/her quality of work good?		
Does he/she follow established safety practices?		
Would you recommend him/her for rerating?		

IMMEDIATE SUPERVISOR COMMENTS:

Apprentice Signature _____ Date _____ Immediate Supervisor Signature _____ Date _____