



Apprenticeship Training Record

# Limited Energy B Technician

## Southern Willamette Valley Limited Energy Electrical JATC

Mail, Fax, or Email To: NW Apprenticeship Services Lou Long Committee Administrator  
 3760 Market St. NE PMB 227 Salem, OR 97301  
 Phone: (541) 279-1543 Fax: (503) 371-7668  
[nwapprenticeship@gmail.com](mailto:nwapprenticeship@gmail.com) website [nwapprenticeship.org](http://nwapprenticeship.org)

Enter the total hours from the previous Monthly Progress Record in "Previous Hours". Enter daily, to the nearest hour, time spent on each work process; add the hours from "Previous Hours" plus Daily Record and enter in "Total" column. Keep a copy for your next month's entry.

Name / Agreement #: \_\_\_\_\_ Wage per hour: \_\_\_\_\_ Month / Year: \_\_\_\_\_

On-the-Job Training Categories	Req. Hours	Previous Hours	Enter Number of Hours Worked Each Day on Each Category																															
			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
Installations	1,750																																	
Troubleshooting & Maintenance	250																																	
Occupation Specific: Communications Systems, Specilized Control Systems	2,000																																	
TOTAL OJT HOURS	4,000																																	
TOTAL SCHOOL HOURS	288																																	

Name of firm/employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Apprentice address: \_\_\_\_\_

Apprentice email: \_\_\_\_\_

Apprentice Phone #: \_\_\_\_\_

Apprentice signature: \_\_\_\_\_

Employer: Please answer the following questions:

- 1) Is the apprentice punctual?
- 2) Is he/she willing to learn?
- 3) Does he/she show initiative?
- 4) Is his/her quality of work good?
- 5) Does he/she follow established safety procedures?
- 6) Would you recommend him/her for rerating?

Y	N

Employer comments: \_\_\_\_\_

Employer signature: \_\_\_\_\_