



SWV Limited Energy "A" License Technician

Email: nwapprenticeship@gmail.com

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.

Committee Administrator
 3760 Market St. NE PMB 227
 Salem, OR 97305
 (541) 279-1543
Fax: (503) 371-7668

NW Apprenticeship Lou Long

Name: _____

Address: _____

Wage per hour: _____

Agreement #: _____

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
1. Installations	3,500																																	
2. Troubleshooting/Maintnce *to include a minimum of...	4,500 Total																																	
a) Fire & Life Safety	1,000																																	
b) Communications Systems	1,000																																	
c) Specialized Control Systems	1,000																																	
IIT Process Control	500																																	
IIT Trouble Shooting	800																																	
IIT Computers	200																																	
IIT Adv. Telecommunications	100																																	
IIT Distributive/Prog Control	300																																	
IIT Purchasing & Inventory	100																																	
TOTAL HOURS	10,000																																	
Class Hours Attended	720																																	

Instructor's comments: _____

Instructor's signature: _____

Name of firm/employer: _____

Employer Phone #: _____

Apprentice Phone #: _____

Apprentice Email: _____

Apprentice: I certify that the above information is correct.

Apprentice signature/Date: _____

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:

Employer signature/Date: _____

* The 4,500 OJT hours required in the work process of "troubleshooting & Maintenance" **must include a minimum of 1,000 OJT hours in each of the following three sub-categories:** a) Fire & Life Safety b) Communications Systems c) Specialized Control Systems, as shown above under OJT Training Categories. Revised: 12/12