



# SWV Limited Energy "A" License Technician

Email: [nwapprenticeship@gmail.com](mailto: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  
4727 San Francisco Dr. NE  
Salem, OR 97305  
(541) 279-1543  
Fax: (503) 371-7668

NW Apprenticeship Lou Long  
Name: \_\_\_\_\_ Agreement #: \_\_\_\_\_  
Address: \_\_\_\_\_  
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
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 #: \_\_\_\_\_

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: I certify that the above information is correct.

Apprentice signature/Date: \_\_\_\_\_

Employer signature/Date: \_\_\_\_\_

\* The 4,5000 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