

MA - 1100 APPRENTICE MONTHLY PROGRESS RECORD - LIMITED ENERGY TECHINICIAN - CLASS A

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 Daily Record and enter total in Column "C." Keep a copy of each MPR for your next month's entry.	Send to: Protective Signaling JATC PO Box 1837, Oregon City OR 97045 coordinator@psjatc.org FAX 503-657-1514	Name: _____ Phone Number: _____ Address: _____ _____ Month: _____ Year _____
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"A" List work processes as per standards	"B" Hours brought forward	Each day list the number of hours worked on each work process. Keep your records to the closest hour																														"C" Total hrs. to date	
		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
Limited energy installations - 3,000 hours min.																																	
Installations																																	
Stock Room - 450 Hours Max																																	
Limited energy applications - 3,000 hours min.																																	
Protective Signaling - 750 hours min																																	
Communications / Specialized Controls																																	
TOTAL HOURS																																	

Journeyworker's Signature _____ Date: _____ License # _____ NAME OF FIRM/EMPLOYER: _____ LOCATION OR WORK SITE: _____ PHONE NUMBER: _____ APPRENTICE: I certify that the above information is correct. SIGNED: _____ DATE: _____	EMPLOYER: Please answer the following questions <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> </tr> </thead> <tbody> <tr> <td>1. Is the apprentice punctual?</td> <td></td> <td></td> </tr> <tr> <td>2. Is he/she willing to learn?</td> <td></td> <td></td> </tr> <tr> <td>3. Does he/she show initiative?</td> <td></td> <td></td> </tr> <tr> <td>4. Is his/her quality of work good?</td> <td></td> <td></td> </tr> <tr> <td>5. Does he/she follow established safety practices?</td> <td></td> <td></td> </tr> <tr> <td>6. Would you recommend him/her for rerating?</td> <td></td> <td></td> </tr> </tbody> </table> EMPLOYER COMMENTS: _____ EMPLOYER SIGNATURE: _____ Date: _____		YES	NO	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 practices?			6. Would you recommend him/her for rerating?		
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DUE by the 10th of the month for the previous month.