

# Plumbing Apprentice Daily Work Record

Apprentice Name: \_\_\_\_\_

Class Year: \_\_\_\_\_

Month/Year \_\_\_\_\_



Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

		Calendar Dates																															
Work Processes	OJT Hours	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	Month Total
Install Drain, Waste & Vent Piping	1800																																
Install Hot & Cold Water Piping	1800																																
Install Gas Piping	900																																
Install Finish, Fixtures & Vents	900																																
Install Water Heaters & Vents	350																																
Testing of Waste, Water & Gas Systems	350																																
Strapping, Backing & Hangers	350																																
Design & Layout of Systems	550																																
Operation & Care of Tools	550																																
Welding & Brazing	450																																
TOTAL PROGRAM OJT HOURS	8000																																
RELATED INSTRUCTION TRAINING	624																																

## Instructions:

For each calendar date worked, list the number of hours in each work process category. If you work in different work processes in a day, list the corresponding number of hours worked for each process. Adding up the hours for each work process should total the number of hours worked in that day and that total should be listed in the row entitled "TOTAL PROGRAM OJT HOURS" for that calendar date. For each calendar date you attend class, list the number of hours in class in the row entitled "RELATED INSTRUCTION TRAINING". Add all figures across and down to get totals for the column entitled "Month Total" and for the rows entitled "TOTAL PROGRAM OJT HOURS" and "RELATED INSTRUCTION TRAINING".

List the month and year covered by this form and print your name at the top of this form. Failure to print your name could result in no credit being given if your signature is illegible. Sign the bottom right corner of this form and secure a signature from your trainer or employer.

Maintain a copy of this form for your records. Send the original to your employer or school by the tenth of each month. This form helps your sponsor track your on-the-job training hours. These records must be made available to the Department of Labor upon request.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Trainer/Employer Signature

\_\_\_\_\_  
Apprentice Signature