

# FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING

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 www.featschool.org

APPRENTICE NAME (PLEASE PRINT) \_\_\_\_\_ SCHOOL \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

## APPRENTICE ON-THE-JOB TRAINING REPORT

|        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
|--------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| 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 | TOTAL |  |
| CODE A |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| CODE B |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| CODE C |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |
| CODE D |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |  |

**TOTAL FOR MONTH:** \_\_\_\_\_

APPRENTICE COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address Change

Check Here

APPRENTICE SIGNATURE \_\_\_\_\_

APPRENTICE ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

Phone Change

Check Here

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

### EMPLOYER EVALUATION of APPRENTICE

In the opinion of the supervisor as compared to others at the same level of trade experience:

|   | Exceeds Expectations | Meets Expectations | Does Not Meet Expectations | Does Not Apply |
|---|----------------------|--------------------|----------------------------|----------------|
| Demonstrates job knowledge              |                      |                    |                            |                |
| Follows instructions                    |                      |                    |                            |                |
| Organizes work                          |                      |                    |                            |                |
| Accuracy and quality of work            |                      |                    |                            |                |
| Assumes and demonstrates responsibility |                      |                    |                            |                |
| Ability to learn assigned tasks         |                      |                    |                            |                |
| Attitude                                |                      |                    |                            |                |
| Care and use of equipment               |                      |                    |                            |                |
| Works safely                            |                      |                    |                            |                |
| Attendance                              |                      |                    |                            |                |
| Punctuality                             |                      |                    |                            |                |

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

Supervisor signature \_\_\_\_\_

Supervisor name (Please print) \_\_\_\_\_

FEAT Coordinator \_\_\_\_\_

Current Hourly Wage: \_\_\_\_\_

#### EMPLOYER CERTIFICATION

I hereby certify that the hours stated are correct and that the named apprentice is receiving at least the amount listed as the current minimum hourly wage.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## OJT Instructions

### **Apprentice:**

Please complete the front of this document and turn it in to your immediate supervisor on the last working day of each month.

1. Post time daily
2. Fill in completely and sign
3. Note any changes in address or telephone number by checking the appropriate box

### **Supervisor:**

Please complete the OJT Evaluation Report on the front of this form. It is vital to this Apprentice and to *FEAT* to properly track his/her progress. Comments are always valued.

### **Training Officer/Bookkeeper:**

Please verify hours worked and hourly wage paid to this apprentice. Sign in the lower right hand box on the front page.

Mail this report to the address at the top of the front page, by the fifth day of the month following the month covered.

***Thank you for your cooperation!***

## OJT Codes

### **CODE A 1000 Hours**

#### Learning:

1. Safety Meeting/Safety on the Job
2. Loading/Unloading Materials and Equipment
3. Tool Set-up
4. Jobsite Clean-up
5. Equipment Repair/Maintenance
6. Paperwork
7. Care of Tools/Equipment
8. Sitework/Underslab

### **CODE C 2800 Hours**

#### Learning:

1. Install Devices
2. Install Fixtures
3. Low Voltage Systems
4. Site Lighting

### **CODE B 2800 Hours**

#### Learning:

1. Install Raceways
2. Pull Wire
3. Install Cable
4. Install/Maintain Temporary Power & Equipment
5. Install Boxes

### **CODE D 1400 Hours**

#### Learning:

1. Follow Blueprints/Diagrams/Specifications
2. Install/Connect Service Equipment (Panels)
3. Repair/Troubleshoot
4. Use Test Instruments
5. Connect Motors and Controls
6. Connect Equipment