



Plumbers & Pipefitters Apprenticeship Training of Arkansas Apprentice Evaluation

Apprentice Name: _____ Month of: _____

Employer: _____ Job Site: _____

TO BE FILLED OUT BY JOURNEYMAN OR SUPERVISOR

On a scale of 1 to 10, how would you rate this apprentice's overall job performance with "1" being the lowest score? 1 2 3 4 5 6 7 8 9 10

Does this apprentice perform at his/her current step? Y or N

If no, please explain: _____

Have you had any disciplinary problems with this apprentice? Y or N

If yes, please explain: _____

Is the apprentice adapting well to his/her on the job training? Y or N

If no, please explain: _____

Additional comments or concerns: (Please use back of form if needed but ensure back is also sent.)

Name of Supervisor / Journeyperson submitting report:

OJT REPORT FILLED OUT BY APPRENTICE

Handling Materials _____	Refrig. Recov. & Charge _____
Cutting Holes _____	Air Filter Svc. _____
S Vent & Wst. Piping/ Hangar Inst _____	Compressor Svc. _____
Rigging _____	Operational Svc. _____
Pipefitting/Welding _____	Elect. Troblsht. _____
Soldering/Brazing _____	Mech. Trbsht. _____
Heating & Cooling Piping _____	Unitary Sys. Svc _____
Steam/ Process Piping _____	AHU Sys. Svc _____
Domestic Water/ Gas Piping _____	Applied Sys. Svc _____
Commercial Plumbing _____	Cooling Tower Svc. _____
Control Work/Instrumentation _____	Term. Box Svc _____
Fixture Install/ Repair work _____	Pump Svc. _____
Private Water & Sewage System _____	Control Svc. _____
Equipment Installation (Type) _____	Boiler Svc. _____
Utility/ Service Work (Type) _____	Service Work/Rigging _____

Summary of other experience: _____

When complete, please fax to **501-562-1817** or email to **rgage@ppata.com**.