

Work Process System

A Mechanical & Flectrical Principles

## Local 192 Cheyenne WY JATC HVAC/R Work Evaluation Form

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Name	Phone		DATE TO MINE
Address	( Check if new address) City	ZIP	
Contractor	Month	20	1

## **Quality of Work Scores**

Total Quality

Hours of Work

- 5-Excellent
- 4-Above Average
- 3-Average
- 2-Below Average
- 1-Very Poor

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В	Ventilation, Air Conditioning																														
	& Refrigeration																														
С	Controls																														
D	Heating & Steam Systems 1	am Systems 1																												<u> </u>	
Е	Piping & Tubing																														
F	Rigging & Lifting																												<u> </u>		
G	Safety & Environment	nt l																											1		
Н	Customer Relations																														
-1	Applied Mathematics & Blueprint																													<u> </u>	
	TOTAL																														
	APPRENTICE EVALUATION: Please rate each category below accordingly. 5-Excellent; 4-Above Average; 3-Average; 2-Below Average; 1-Very Poor																														
MONTHLY RANKING TO BE FILLED OUT					т	APPRENTICES: Keep Accurate Records Daily													Appearance												
Drainet			1	Enter daily record of hours of on-the-job learning.														Attendance													
(PLE		EASE	2	<ol><li>Submit to Journeyman or Supervisor for evaluation at the end of th month.</li></ol>													he	Attit													
Location (Town/City)									_ ;	3. All Work Reports must be in the JATC Office by the 10th of the													Cooperation								
								4	following month for the month worked.												Initiative										
Name of Evaluator (please print)						4	Due by 10th of following month														Mechanical Ability										
Signa	ture								ا_	Comm	ents	:													Perf	forma	ance				
									4																Pun	ctual	ity				
Title									╬						**	**(0	MPI	LIAN	CF**	*				$\dashv$	Safe	ty					
Date									4														 		Kno	wled	ge of	f Tool	ls		
						_	To be compliant, this sheet must be filled out completely by the														Knowledge of Equipment										
Time										Apprentice and his Journeyworker and signed by both. The rank-												RETURN TO:									
										ing portion of this page must be completed and if there are defi-												Plumbers & Pipefitters UA Local #192									
All c	If the above is to be filled out by the Journeyworker or supervisor.	Please p		,					Fax: (												_	nne, W\ '8-2718	r 82007								

pleted, this time reporting sheet will be considered non-

compliant. This issue is covered in the Apprentice Agreement.

issues due to lack of training that need to be

addressed by the JATC in the Comment

Section Above.