Monthly Report

Of On The Job (OTJ) Hours

Date Filled out:

Apprentice Name:

☐ CDL Class A ☐ ForkLift ☐ OSHA 10 Hour ☐ Rigging & Signal

Phone:

Report Year:

Contractor:

Email:

Report Month:

Jobsite:

EQUIPMENT/SKILLS

DAY OF THE MONTH	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	T
Safety training																																
Fueling & Greasing																																
Compaction Equip.																																
Crane Operator																																
Crane oiler																																
Dozer																																
Drill Riggs																																
Exavator																																
Excavation Equip.																																
Forklift																																
Grade Checking																																
Haul trucks																																
HDD Horz. Dirc. Drilling																																
Hoists & Elevators																																
Heavy Duty Repair																																
Loader																																
Rubber Tire Hoe																																
Paving Equip																																
Water Wagon																																
Total Hours																																

Apprentice Signature:

I hereby certify that the hours reported are true and accurate.

Suprevisor's Signature:

I hereby certify that the hours reported by this Apprentice are accurate.

Reports with hours NOT totaled for each equipment/ Skill will be returned

Total Monthly Hours Reported

CJAT Office Use Only

		Current Step	
Entered in NorthStar:	☐	Total Training Credits	
Entered in APPT DB	☐	Total OTJ Hours	
		Last at the Training Site:	