

APPRENTICE NAME _____

APP YEAR _____

COMPANY NAME _____

MONTH/YEAR _____

Show minutes as 15 minutes = .25; 30 minutes = .50; 45 minutes = .75

ON THE JOB TRAINING HOURS REPORT

DATE	A	B	C	D	E	F	G	H	I	Total
	Care of tools & Equip.	A/C & Refrig. Systems	Air Duct Move. & Treat.	Refrig. Controls	Motors, Controls	Htg. & Fuel burn. Equip.	Heat Pumps	Piping, Instal. & Svcs.	Safety	
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2										
3										
4										
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26										
27										
28										
29										
30										
31										
TOTAL										


AACCP ASSOCIATION OF AIR CONDITIONING PROFESSIONALS
 F: 410.527.0270 / E: Info@AACCPnet.org

SUPERVISOR AND APPRENTICE MUST SIGN THIS FORM

Supervisor's Signature _____

Date _____

Apprentice's Signature _____

Date _____

The above signed supervisor certifies this apprentice has worked the above OJT hours at the hourly rate of \$ _____ which is in compliance with the AACCP progressive wage scale.

Supervisor's Comments – Circle the appropriate response regarding the apprentice: 1 = Poor; 5 = Excellent

Work Habits & Attitude 1 2 3 4 5
 Production 1 2 3 4 5
 Absences Acceptable Unacceptable

Additional Comments: _____

