

**METRO LIMITED BUILDING MAINTENANCE ELECTRICIAN JATC****MA 1176****APPRENTICE MONTHLY WORK PROGRESS REPORT**

This report is basic evidence (ART. 16 - Standards) of your participation in the apprenticeship program. Careful completion each month is essential (ART 11) to maintain registration and progress from each step to the next. All parts of this report must be complete. Total all O.J.I. and related training hours and obtain required signatures

PCC Apprenticeship & Trades Department  
Swan Island Trades Center STC 108  
6400 North Cutter Circle, Portland OR 97217

\_\_\_\_\_  
**MONTH                      YEAR**  
**(File by the 1st of next month)**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Instructions: Col 'A' work processes as per standards: Col. 'B' - hours brought forward: Col. 'C' total hours to date.

"A"	"B"	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	"C"
Electrical Appliances	100 hrs																																
Light Switches	250 hrs																																
Light Fixtures	200 hrs																																
Fans	100 hrs																																
Receptacles	250 hrs																																
Fluorescent Ballasts	300 hrs																																
Trouble - Shooting	200 hrs																																
Maintenance	200 hrs																																
MISC. RELATED	400 hrs																																
EXPERIENCE																																	
TOTAL HOURS	(2000)																																
ENTER CLASS HRS >>>																																	

EMPLOYER: \_\_\_\_\_

**Supervisor:** Please circle Yes (Y) or No (N) to the following:

Is the apprentice punctual?	Y	N
Is the apprentice willing to learn?	Y	N
Does the apprentice show initiative?	Y	N
Is the apprentice's quality of work good?	Y	N
Does the apprentice follow standard safety practices?	Y	N
Is the apprentice recommended for re-rate?	Y	N

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Comment: \_\_\_\_\_

**Core Class Taken/Course Title:** \_\_\_\_\_

**Instructor comments:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

**Elective course title:** \_\_\_\_\_

**Reminder:** Attach documentation and enter hours

**Elective Course Hours:** \_\_\_\_\_

**Instructor comment:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

**Apprentice Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Agreement Number:** \_\_\_\_\_

Please notify Apprenticeship & Trades Department @ PCC of any changes or errors.

**Contact: Voice: 971-722-5651 Fax: 971-722-5656 MPR Email: apprenticeship@pcc.edu**

(Transcripts must be filed prior to re-rates)

**All MPR's are due on the 1st of each month; late after the 10th.**