



# 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.)

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**Name of Supervisor / Journeyperson submitting report:**

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**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 **rbritton@ppata.com**.