

## **Monthly Report**

Of On The Job (OTJ) Hours

	Date Filled out:								Apprentice Name:										CDL		Class A			Fork	Lift		OSHA 10 Hour Ri				Riggi	ng & Signa	
	Phone:						Report Year:									Contractor:																	
Email:									Report Month:											Jobsite:													
DAY OF THE MONTH 1 2 3 4 5 6						7	8	9	10		12	13	14	15	16 1		18	19	20	21	22	23	24	. 25	26	27	28	29	30	31	T		
-	Safety training																																
F	Fueling & Greasing																															Н	
H	Compaction Equip.																															П	
-	Crane Operator																																
	Crane oiler																																
-	Dozer																																
	Drill Riggs																																
	Exavator																																
PIMENT/SKII	Excavation Equip.																																
	Forklift																																
	Grade Checking																																
	Haul trucks																																
נ	HDD Horz. Dirc. Drilling																																
	Hoists & Elevators																																
	Heavy Duty Repair																																
	Loader																																
P	Rubber Tire Hoe																																
	Paving Equip																																
	Water Wagon																																
	(Misc) Labor																																
'	Total Hours																									K			X				
Apprentice Signature:  Reports with hours NOT totaled for each be returned												Total Monthly Hours Re								Rep	ort	ed											
	hereby certify that the hour	eby certify that the hours reported are true and accurate.															CJAT Office Use Only																
																Current Step																	
	Supervisor's Signature:																			Enter	red in	Nort	hStar:						al Training Credits				
I hereby certify that the hours reported by this Apprentice are accurate.													APPT			Total OTJ Hours																	