AREA II INSIDE ELECTRICAL (SALEM)

Area II Inside Electrical c/o IEC Oregon
8625 SW Cascade Ave. Suite 100
Beaverton, OR 97008
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MONTHLY PROGRESS REPORT

DUE BY THE 10th EVERY MONTH

*FAX * MAIL * EMAIL * DROPPED OFF*

FAX NUMBER: 503-598-1192

MPR & Buckslips Forms Available Online: www.iecoregon.org

NAME: _____

ADDRESS: _____

_____

MONTH: _____ YR: _____

Submit MPR every month even if your out of work or referred to test

Related Training attendance required Fall, Winter, & Spring term

Enter daily, the exact time spent on each work process category. Add the number of hours worked this month in each category, in column "B". Keep a copy of each MPR for your records.

"A"	"B"	DAY OF MONTH																													"C"	"D"
Work Process Categories	OJT Hrs. Carried Forward From Last Month MPR	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	Total For This Month OJT Hrs	Last Month Hrs + This Month Hrs = Total OJT Hrs
A. Residential Installation (MIN 1000 - MAX 2000)																																
B. Commercial Installation (MIN 1000 - MAX 3000)																																
C. Industrial Installation (MIN 1000 - MAX 1500)																																
D. Intercommunication, Signal, & Control Systems (MIN 500 - Max 1000)																																
E. Stock Room & Materials (MIN 100 hrs.)																																
F. Underground (MIN 100 hrs.)																																
G. Troubleshooting (MIN 250 hrs.)																																
H. Finish & Fixture Hanging (MIN 50 hrs.)																																
DAILY TOTALS																																

Requirements For Test Referral: Must have the minimum hours listed in each workproces category and the combined total must be 8000 OJT hours along with the completion of 576 Related Training Hours

NOTE: 2 or more late MPR's will hold your recate actomatically in a 6 month period (Jan-June) or (July-Dec)

ON-THE-JOB HOUR VERIFICATION SIGNATURES REQUIRED - By signing below confirms all the on-the-job hours recorded on this form is true and accurate

* APPRENTICE SIGNATURE: _____

* EMPLOYER/SUPERVISOR (SIGNATURE): _____

COMPANY NAME: *(required)* _____

* EMPLOYER/SUPERVISOR (PRINT NAME): _____

** Failure to have Apprentice & Employer signatures will be returned and OJT hrs will not be entered in database*