AREA II INSIDE ELECTRICAL (SALEM)

Area II Inside Electrical c/o IEC Oregon

8625 SW Cascade Ave. Suite 100

Beaverton, OR 97008

Phone Number: 503-598-7789

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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 rerate 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***