



APPRENTICE ON-THE-JOB EVALUATION

WASHINGTON, D.C. JOINT STEAMFITTING APPRENTICESHIP COMMITTEE

8509 ARDWICK ARDMORE RD., LANDOVER, MD 20785
301-341-1555 • FAX: 301-386-3271

Apprentice's Name _____ Year of Apprenticeship _____
 Company Name _____ Month of Evaluation _____
 Foreman's Name _____ Job Site _____ Job Site Phone # _____

	GOOD	FAIR	POOR
Attitude	_____	_____	_____
Attendance	_____	_____	_____
Ability to Work with People	_____	_____	_____
Mechanical Aptitude	_____	_____	_____
Learning Ability	_____	_____	_____
Type of Work <input type="checkbox"/> Construction <input type="checkbox"/> Service			

Pager Phone # _____
 Fax Phone # _____

	GOOD	FAIR	POOR
Weld & Screw Piping	_____	_____	_____
Copper Piping	_____	_____	_____
Rigging	_____	_____	_____
Specialty Piping	_____	_____	_____
Job Safety Knowledge	_____	_____	_____
Mechanical Joint Piping	_____	_____	_____
Blue Print Reading	_____	_____	_____
Welding	_____	_____	_____
Brazing	_____	_____	_____
Soldering	_____	_____	_____
Hangers	_____	_____	_____
Tool Knowledge	_____	_____	_____
Electrical Knowledge	_____	_____	_____
Computer Skills	_____	_____	_____

Work Hours Report		
Pay Period	Hours Available	Hours Worked

Special Skills
 C.F.C. Certified Yes No
 Med. Gas Certified Yes No
 Licenses _____

Foreman Comments _____



This Apprentice should be further evaluated by the Training Director Yes No
 This Apprentice should appear before The Apprentice Committee Yes No

Foreman's Signature _____

Please fax back to the Apprentice School at 301-386-3271. The previous months' report card is due by the 7th of the month, every month, year round.