

Operating Engineers Local #3 JATC Operator Work Summary Time Card

DOLID#: _____ **Name** _____ **Month** _____ **Year** 20
Print Last First Initial

Contr. Name: _____ **Branch** _____ **Period** _____ **District** 12

TOTAL HOURS _____

CHECK IF UNEMPLOYED THIS MONTH

WORK PROCESS CATEGORIES						Lube Service Tech
A	B	C	D	E	L	
Received Instruction on Work Tasks						
Performed Work Tasks						
Observe/Other (Explain Below)						

PROGRESS REPORT <small>*To be completed by contractor</small>	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
1. Attendance					
2. Quality of Work					
3. Ability to follow instructions					
4. Progress in learning trade					
5. Care of equipment					
6. Cooperation					
7. Safety					

From training categories A, B, C, D mark number of hours performing work task

Performing work task	A Engines	Performing work task	B Power Train	Performing work task	C Electrical	Performing work task	D Hydraulic	Performing work task	E Welding	Performing work task	L Lube Service Tech
Block		Clutches		Charging System		Air Brakes		Cutting		250hr Service	
Cooling System		Differential		Control System		Air/Hyd Brakes		Fab & Layout		500hr Service	
Head		Final Drive		Elect/Hyd Sys		Contrl Valves		Grinding		1000hr Service	
Fuel System		Torque Conv		Electronic Control		Cylinders		Hardfacing		2000hr Service	
Intake & Exhaust		Trans/Auto		Lighting System		Hoses & Fittings		Oxy/Accet		Data/Records Updates	
Tune Up Diesel		Trans/Manual		Monitoring		Motors		Stick (SMAW)		Lube Truck	
Tune Up Gas		Under Carriage		Starting System		Pumps		Wire/Flux Core		Minor Repair	
Steam Clean		Clean Up		Parts Cleaning		Parts Cleaning		Clean Up		Clean Up	
Other (explain)		Other (explain)		Other (explain)		Other (explain)		Other (explain)		Other (explain)	

Observing work task (Other/explain):

Name of Person Designated by Contractor

Phone# of Person Designated by Contractor

Signature of Apprentice

By checking the box and typing my name above, I am electronically signing this document.

Signature of Person Designated by Contractor

By checking the box and typing my name above, I am electronically signing this document.