# ABC MONTHLY WORK REPORT

## Sprinkler Fitter

Month _____

Year _____

| Work Processes | Hours Required by ATELS | Hours From Last Report | Days of the Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Hours Month | Total Hours To Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 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 | | |
| 1. Plan Reading & Interpretation | 750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Care of Tools, Material & Equip. | 800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Prep of Tools, Material & Equip. | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Pipecut, Thread, Ream & Weld | 1250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Install Underground Pipe Access | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Wet Pipe Systems | 1600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Dry Pipe Systems | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Standpipe Systems | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Special Hazard Installation | 350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Install Fire Pump & Accessories | 350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Maintenance and Repairs | 600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total hours | | |

**APPRENTICE:**

Name: _____

***(Changes Only)** _____

*Email: _____

*Phone number: _____

**EMPLOYER:**

Is the apprentice punctual? ☐ Yes ☐ No

Is he/she willing to learn? ☐ Yes ☐ No

Does he/she show initiative? ☐ Yes ☐ No

Is his/her quality of work good? ☐ Yes ☐ No

Does he/she follow established safety practices? ☐ Yes ☐ No

Comments:

The apprentice will complete the form, have it signed by the employer and submit it to ABC by the 10th of each month. Email to info@abcalaska.org or mail to:
**Apprenticeship Office, 360 W. Benson, Suite 200, Anchorage, AK 99503, Fax (907) 565-5645.**
By signing this form both the apprentice and supervisor verify that the apprentice performed the work in each category under proper supervision.

Sponsoring Company _____

Signature of journeyworker or employer _____ Signature of Apprentice _____