

ABC MONTHLY WORK REPORT Insulation Worker

Month _____

Year _____

Days of the Month

Work Processes	Hours Req. by ATELS	Hours From Last Report	Days of the Month																															Total Hours Month	Total Hours to Date						
			01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
1. Pre-fabrication of fittings	700																																								
2. Making plastic cement fitting-applying canvas	500																																								
3. Blocking boiler, tanks, and flues	400																																								
4. Applying finish reinforcements and comer boards	300																																								
5. Applying rigid board on duct work and housings	400																																								
6. Insulating valves and flanges with blocks or curved segments	400																																								
7. Low temperature insulation (cellular glass, fibrous glass, expanded forms, etc.)	1300																																								
8. Applying sectional pipe coverings	400																																								
9. Applying manufactured fittings	300																																								
10. Vapor sealing of fittings, flanges, etc.	300																																								
11. Applying finish cements	600																																								
12. Applying clip type and welded pins	300																																								
13. Applying flexible duct insulation	300																																								
14. Canvassing large areas, tanks, ducts, etc.	700																																								
15. Fabricating removable insulation for turbine and vessels with rigid and flexible materials	800																																								
16. Applying felt paper and metal for weather protection of pipes and fittings	300																																								
Total	8000																																							Total Hours	

APPRENTICE:

Year 1 2 3 4

Name _____

SS# _____

Phone Number _____

Wage per hour _____

Related instruction level and module _____

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: _____

UNEMPLOYED

The Apprentice will complete the form, have it signed by the employer and **submit it to the ABC office by the 10th of every month.** Email to: apprenticeship@abcalaska.org.

Apprenticeship Office, 1900 W Benson Blvd, Suite 201, Anchorage, AK 99517, Fax (907) 565-5645.

By signing the form both the apprentice and supervisor verify that the apprentice performed the work in each category under proper supervision.

Sponsoring Company _____

Signature of journey worker or employer _____

Signature of Apprentice _____