



Local 58 Colorado Springs JATC Work Evaluation Form



Quality of Work Scores

- 5-Excellent
- 4-Above Average
- 3-Average
- 2-Below Average
- 1-Very Poor

Name _____ Phone _____
 Address _____ (Check if new address) City _____ ZIP _____
 Contractor _____ Month _____ 20____

Work Process System		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 Hours	Quality of Work
A	Waste Piping																																	
B	Vent Piping																																	
C	Glued Plastic																																	
D	Threaded Pipe																																	
E	Sweat Joint Install																																	
F	Rigging																																	
G	Plumbing Fixtures																																	
H	Hangars & Supports																																	
I	Boiler & Chiller Installation																																	
J	Mains & Circulation Line Installation																																	
K	Radiation Fixture Installation																																	
L	Pump & Control Systems Installation																																	
M	Testing																																	
N	Fuel Gas																																	
O	Combustion Controls																																	
P	High Purity																																	
Q	Service Work																																	
R	Domestic Water																																	
S	Fitting for Welder																																	
T	Welding																																	
U	Install Air Handling Equipment																																	
V	Refrigeration																																	
W	Miscellaneous (include shop work)																																	
X	Medical Gas																																	
	TOTAL																																	

APPRENTICE EVALUATION: Please rate each category below accordingly. 5-Excellent; 4-Above Average; 3-Average; 2-Below Average; 1-Very Poor

Attitude & Interest	
Dependability	
Quantity of Work	
Initiative	
Attendance	
Punctuality	

APPRENTICES: Keep Accurate Records Daily

1. Enter daily record of hours of on-the-job learning.
2. Submit to Journeyman or Supervisor for evaluation at the end of the month.
3. All Work Reports must be in the JATC Office by the 8th of the following month for the month worked.

Due by 8th of following month

Comments: _____

 Journeyman, Foreman or Signatory Supervisor Signature Date

 Journeyman, Foreman, or Signatory Supervisor Name (Printed)

Date given to supervisor _____

RETURN TO:
 Local# 58
 2864 Janitall Rd
 Colorado Springs, CO 80906
 Fax 719-477-9556