

APPRENTICE MONTHLY PROGRESS RECORD

Oregon- Columbia Masons TATC (Bricklayer and Masonry Restoration)

Enter the total hours to date "D" from the prior month in Column "B"
 Each day record hours spent on each work process
 Add the Daily Record hours and total in Column "C"
 Add "B" plus "C" enter into Column "D"
 Total Daily Hours and Column "C" & "D" on bottom of chart
 Have supervisor sign & complete employer portion on bottom
 Fax, mail or deliver to NWCC

DUE BY THE 10TH OF EACH MONTH

Keep a copy of each MPR for your records

Fax, mail, or deliver to NWCC:
 Fax: 503-252-9560
 NWCC Apprenticeship
 8111 NE Holman St
 Portland, OR 97218
 Questions? call: 503-256-7300

MONTH _____ YEAR _____
 Name: _____
 Phone #: _____
 Address: _____

"A" Work processes from standards	"B" Prior Hours	Keep track of time daily. Record to the closest 1/2 hour.																														"C" Total this month	"D" Total 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			
Tools & Equipment (300)																																					
Mortars & Bonding Mat. (300)																																					
Spread & Open Mortar Beds (300)																																					
Burnt Clay Products (300)																																					
Masonry Substitutes (500)																																					
Field & Brick Bonds (400)																																					
Walls & Appurtenances (700)																																					
Point, Clean & Waterproof (500)																																					
Heat Resisting Masonry (600)																																					
Fireproofing (500)																																					
Terra Cotta (500)																																					
Stone (700)																																					
Staging & Safety Laws (200)																																					
Industrial Hygiene (200)																																					
Total Hours																																					

Name of company: _____

Location or work site: _____

Supervisor's name: _____
 (print)

Supervisor's phone #: _____

Supervisor's signature: _____

Please verify the information above and complete required employer rating section before signing→

Apprentice's signature: _____

I certify that the above information is correct

Supervisor please complete required EMPLOYER RATING SECTION

1 = Good 3 = Below Average
 2 = Average 4 = Unsatisfactory

- Interest toward work..... _____
- Compatibility _____
- Attitude _____
- Adaptability..... _____
- Quantity of work _____
- Quality of work..... _____
- Safety Practices..... _____

Immediate supervisor comments:

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Immediate supervisor comments:

