METER TECHNICIAN APPRENTICE DAILY WORK RECORD

ON-JOB TRAINING LIST OF WORK PROCESS	PROGRAM HOURS	Month _____ 20_____ Name _____																															
		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	Month Total
1. Shop & Meter Testing	1000																																
2. Self Contained Metering	1620																																
3. Transformer Rated Metering	3500																																
4. Special Metering	1620																																
5. Job Safety	260																																
TOTAL HOURS ON-JOB TRAINING	**8000**																																

S-Sick
T-Lack of Work
U-Unemployed

V-Vacation
W-Holiday
X-Sat. & Sun. on work

_____ Signature of Apprentice

_____ Signature of Supervisor

Each month mail this sheet to:

North Dakota Association of Rural Electric Cooperatives - AT&S
PO Box 727, Mandan, ND 58554

1/03