



**ON THE JOB TRAINING PROGRAM (OJT)  
MONTHLY TRAINEE REPORT  
CONSTRUCTION CEMENT MASON TRAINEE  
(DUE ON THE 15TH OF EVERY MONTH)**

TRAINEE NAME: \_\_\_\_\_  
 CONTRACTOR: \_\_\_\_\_  
 BECO ASSIGNED NUMBER: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_  
 REPORTING MONTH: \_\_\_\_\_  
 REPORTING YEAR: \_\_\_\_\_

PLEASE COMPLETE THE TRAINING PHASES COVERED THIS MONTH									
CONSTRUCTION CEMENT MASON TRAINEE		WEEK ENDING HOURS					ADOT/OWNER CONTRACT NUMBER	CONTRACT OWNER	TOTAL HOURS
		Week 1	Week 2	Week 3	Week 4	Week 5			
A	FAMILIARIZATION OF JOB SITE								
B	FORM BUILDING AND ERECTION								
C	GENERAL CONSTRUCTION								
D	INTRODUCTION TO MEASURING TOOLS								
E	STRUCTURAL CONCRETE								
F	TRAFFIC CONTROL								
G	STRIPPING/SALVAGE								
H	CONCRETE WORK								
I	CONCRETE DEMOLITION								
J	GIRDER ERECTION								
K	HOUSEKEEPING								
L	SUPPLEMENTAL TRAINING								
								<b>TOTAL TIME TRAINING THIS MONTH</b>	
								<b>TOTAL TRAINING HOURS PRIOR TO THIS MONTH</b>	
								<b>TOTAL TRAINING HOURS (CUMULATIVE)</b>	

CEMENT MASON COMPLETION LEVELS AND PAY RATES	
<input type="checkbox"/> LEVEL 1 - 1,000 HOURS @ 60%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 2 - 1,000 HOURS @ 70%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 3 - 1,000 HOURS @ 80%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 4 - 1,000 HOURS @ 90%	DATE COMPLETE _____
<input type="checkbox"/> 4,000 OJT HOURS ACHIEVED CERIFICATE OF COMPLETION AWARDED	

TRAINEE AND TRAINER SIGNATURES	
_____ TRAINEE SIGNATURE	_____ DATE
_____ CONTRACTOR REPRESENTATIVE SIGNATURE	_____ DATE

Reason for termination: \_\_\_\_\_

Date of termination: \_\_\_\_\_

Comment: \_\_\_\_\_

**This form must be submitted electronically to the BECO and FIELD Office by the 15th of every month to - ContractorCompliance@azdot.gov**

THIS AREA FOR ADOT USE ONLY (BECO)		
ADOT BECO OFFICE APPROVAL: _____	DATE: _____	TITLE: _____