



**ON THE JOB TRAINING PROGRAM (OJT)
MONTHLY TRAINEE REPORT
EQUIPMENT OPERATOR TRAINEE
(DUE ON THE 15TH OF EVERY MONTH)**

FORM NUMBER: _____

TRAINEE NAME: _____
 CONTRACTOR: _____
 BECO ASSIGNED NUMBER: _____

ENROLLMENT DATE: _____
 REPORTING MONTH: _____ REPORTING YEAR: _____

PLEASE COMPLETE THE TRAINING PHASES COVERED THIS MONTH									
EQUIPMENT OPERATOR 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	CONSTRUCTION BASICS								
C	MOTOR GRADER								
D	DOZER								
E	BACKHOE / GANNON LOADER								
F	EXCAVATOR								
G	LOADER								
H	ROLLER								
I	SCRAPER								
J	OPERATION OF EQUIPMENT								
K	HEAVY EQUIPMENT SAFETY								
L	MAINTENANCE								
M	TRAFFIC CONTROL								
N	PIPE INSTALLATION								
O	SUPPLEMENTAL TRAINING								
							TOTAL TIME TRAINING THIS MONTH		
							TOTAL TRAINING HOURS PRIOR TO THIS MONTH		
							TOTAL TRAINING HOURS (CUMULATIVE)		

EQUIPMENT OPERATOR COMPLETION LEVELS AND PAY RATES		
<input type="checkbox"/>	LEVEL 1 - 1,000 HOURS @ 60%	DATE COMPLETE _____
<input type="checkbox"/>	LEVEL 2 - 1,000 HOURS @ 65%	DATE COMPLETE _____
<input type="checkbox"/>	LEVEL 3 - 1,000 HOURS @ 70%	DATE COMPLETE _____
<input type="checkbox"/>	LEVEL 4 - 1,000 HOURS @ 75%	DATE COMPLETE _____
<input type="checkbox"/>	LEVEL 5 - 1,000 HOURS @ 80%	DATE COMPLETE _____
<input type="checkbox"/>	LEVEL 6 - 1,000 HOURS @ 90%	DATE COMPLETE _____
<input type="checkbox"/>	6,000 OJT HOURS ACHIEVED CERTIFICATE 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: _____