



**ON THE JOB TRAINING PROGRAM (OJT)  
MONTHLY TRAINEE REPORT  
MECHANIC/EQUIPMENT SERVICE TECHNICIAN 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									
MECHANIC/EQUIPMENT SERVICE TECHNICIAN		WEEK ENDING HOURS					ADOT/OWNER CONTRACT NUMBER	CONTRACT OWNER	TOTAL HOURS
		Week 1	Week 2	Week 3	Week 4	Week 5			
A	PARTS DEPARMENT								
B	BASIC CARE AND MAINTENANCE								
C	BRAKES (ALL TYPES)								
D	TRANSMISSIONS, CLUTCHES AND CONVERTERS								
E	FINAL DRIVES								
F	STEERING MECHANISMS								
G	POWER CONTROL UNITS								
H	WINCHES								
I	HYDRAULIC SYSTEMS								
J	ENGINE FUELING SYSTEMS								
K	COOLING SYSTEMS								
L	ENGINE MAINTENANCE								
M	WELDING								
N	FIELD MAINTENANCE - GENERAL								
								<b>TOTAL TIME TRAINING THIS MONTH</b>	
								<b>TOTAL TRAINING HOURS PRIOR TO THIS MONTH</b>	
								<b>TOTAL TRAINING HOURS (CUMULATIVE)</b>	

MECHANIC/EQUIPMENT SERVICE TECHNICIAN 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: _____