

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 1st OF EACH MONTH

****Keep a copy of each MPR for your records****

Email, Fax, or deliver to:

Fax: **503-252-9560**

Email: mprs@nwcoc.com



8111 NE Holman St
 Portland, OR 97218

MONTH _____ YEAR _____

Name: _____

Phone #: _____

Address: _____

Please call or write the apprenticeship office to report change of address or phone number.

“A” Work processes from standards	“B” Prior Hours	1	2	3	Keep track of time daily. Record to the closest 1/2 hour.																										27	28	29	30	31	“C” Total this month	“D” Total to date
					4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26										
Masonry Substitutes (1200)																																					
Clean, Point and Waterproof (1000)																																					
Brick Field-Layout, Assembly, Bonds, Application (1000)																																					
Structural Masonry Applications (1600)																																					
Fireproof & Heat Resisting (250)																																					
Natural Stone (500)																																					
Optional Hours: tasks must be listed below (up to 450 total hours)																																					
Optional hours:_____																																					
Optional hours:_____																																					
Optional hours:_____																																					
Optional hours:_____																																					
Optional hours:_____																																					
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:

