Delaware Department of Transportation

**OJT MONTHLY PROGRESS REPORT**

Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_

Contract Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Wage Rate: \_\_\_\_\_\_\_\_\_(hr) Current Wage Rate: \_\_\_\_\_\_\_\_\_(hr) Percent Complete: \_\_\_\_\_\_\_\_\_\_%

**BACKHOE OPERATOR**

**REPORTING PERIOD**: BEGINNING: \_\_\_\_/\_\_\_\_/\_\_\_\_ ENDING\_\_\_/\_\_\_\_/\_\_\_\_ **APPROX. TRAINING TIME:** 18 Wks/720 Hrs

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Training Phase** | **Req.**  **Hours** | **Safety** | **Productivity** | **Quality** | **Understanding** | **Attitude** | **Attendance** | **Total Hours this Period** | **Total Hours**  **to Date** |
| **I. ORIENTATION AND OBSERVATION** |  |  |  |  |  |  |  |  |  |
| A. Safety procedures | 5 |  |  |  |  |  |  |  |  |
| B. Observation of machine and operations | 20 |  |  |  |  |  |  |  |  |
| C. Starting and manipulating levers and electronic controls for moving equipment and attachments | 20 |  |  |  |  |  |  |  |  |
| **II. CARE AND MAINTENANCE** |  |  |  |  |  |  |  |  |  |
| A. Safety procedures | 5 |  |  |  |  |  |  |  |  |
| B. Routine fueling, lubrication and servicing | 70 |  |  |  |  |  |  |  |  |
| **III. OPERATION OF EQUIPMENT** |  |  |  |  |  |  |  |  |  |
| A. Safe operating procedures | 5 |  |  |  |  |  |  |  |  |
| B. Trenching operations | 275 |  |  |  |  |  |  |  |  |
| C. Excavating for footing, structures, etc. | 280 |  |  |  |  |  |  |  |  |
| D. Special application and functions | 40 |  |  |  |  |  |  |  |  |

Rating Scale: 4 = Excellent, 3= Above Average, 2=Average, 1= Needs Improvement, 0=Not rated

**CURRENT STATUS:**

Progressing Disciplined (Provide Documentation) Completed Program

Observations and/or comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_