

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PROFICIENCY RECORD FOR ON-THE-JOB TRAINING

275-021-01
EQUAL OPPORTUNITY OFFICE
01/10
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SECTION 1: PROJECT IDENTIFICATION					
1. Financial Project No.		2. F.A.P. No.		3. Contract No.	
6. Contractor Name			7. FEID No.		
SECTION 2: PROFICIENCY STANDARDS					
8. On the Job Training Classification Title:					
9. Established Proficiency Standards (label as 9A, 9B, 9C, 9D, 9E)					
SECTION 3: CONCURRENCE WITH PROFICIENCY STANDARDS					
10. Contractor's Signature		11. Project Administrator's Signature		12. DCCM's Signature	
Date		Date		Date	
SECTION 4: TRAINEE IDENTIFICATION					
13. Trainee's Name			14. Location Requested For Observation		
SECTION 5 & 6: PROFICIENCY OBSERVATION REQUEST & OBSERVATION RESULTS					
S E C T I O N 5	R E Q U E S T	15. OBSERVATION #1	16. OBSERVATION #2	17. OBSERVATION #3	18. OBSERVATION #4
		Trainee has completed at least Minimum Hours of training for the classification.	Trainee has completed at least the minimum hours of training for the classification.	The Trainee has completed the maximum hours of training for the classification.	The Trainee has completed the maximum hours of training for the classification.
		Date for Observation	Date for Observation	Date for Observation	Date for Observation
		Contractor Signature & Date	Contractor Signature & Date	Contractor Signature & Date	Contractor Signature & Date
S E C T I O N 6	R E S U L T S	19. RESULTS OBSERV #1	20. RESULTS OBSERV #2	21. RESULTS OBSERV #3	22. RESULTS OBSERV #4
		DATE	DATE	DATE	DATE
		Proficiency Demonstrated?	Proficiency Demonstrated?	Proficiency Demonstrated?	Proficiency Demonstrated?
		9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No	9A. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No	9B. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No	9C. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No	9D. <input type="checkbox"/> Yes <input type="checkbox"/> No
		9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No	9E. <input type="checkbox"/> Yes <input type="checkbox"/> No
		Observer Signature	Observer Signature	Observer Signature	Observer Signature
		Contractor Signature	Contractor Signature	Contractor Signature	Contractor Signature
Trainee's Signature	Trainee's Signature	Trainee's Signature	Trainee's Signature		