The Building Officials Association of Florida
Foundation/Cross Training Program Part II-E

ON JOB TRAINING **(OJT)** REPORT

Applicant Name & BN/PX # (Print) _____ Signature _____

Trainer Name & BN/PX # (Print) _____ Signature _____

Date of Inspection	Com/Res.C /R.	Permit # or Address (use as many rows as necessary to provide specific information)	Inspection/Review - Be Specific Provide description from Checklist, Not Just Codes!	Time (Nearest 1/4 of an hour)	Trainer Approval (must be signed for each training)

Dates: From _____/_____/_____ To _____/_____/_____ Total Hours This Sheet _____ Sheet ____ of ____

Revised
6/1/2010

Total Hours Trained to Date _____