

BOAF Application # \_\_\_\_\_  
(Assigned by BOAF Office) **Part II-D**

Date Received by BOAF \_\_\_\_\_

**BUILDING PLAN REVIEW**

BCAIB Provider # 0001001



**OJT CHECKLIST**

Training Program # 6559

**ONLY THE CURRENT EDITION OF THE BOAF OJT CHECKLIST WILL BE ACCEPTED**

Please check the website at [www.boaf.net](http://www.boaf.net) to be sure you are submitting the most current edition of the applicable form. Each form becomes effective on the revision date contained on the form. Training completed prior to that date may be submitted on the previous form.

This curriculum requires 85 hours (minimum) of FLORIDA BUILDING CODE classroom training, as approved by BOAF. Certificates **MUST** be provided.

This curriculum also requires 250 hours (minimum) of properly documented On the Job Training (OJT) with a **Florida Standard Licensed Building Plans Examiner** Trainer as evidenced by this and other required forms, including the notarized trainers affidavit.

**A. Extensive training on all aspects of building systems should include both residential and commercial sections of the code as scripted by the following:**

- |  |  |
|--|--|
| 1. Administration  | 18. Concrete                           |
| 2. Occupancy Classification                              | 19. Light Metal Alloys                 |
| 3. Special Occupancy                                     | 20. Masonry                            |
| 4. General Building Limitations                          | 21. Steel                              |
| 5. Construction Types                                    | 22. Wood                               |
| 6. Fire Resistant Materials                              | 23. Glass & Glazing                    |
| 7. Interior Finishes                                     | 24. Gypsum Board & Plaster             |
| 8. Fire Protection Systems                               | 25. Plastic                            |
| 9. Means of Egress                                       | 26. Electrical systems                 |
| 10. Florida Accessibility Code for Building Construction | 27. Mechanical Systems                 |
| 11. Housing Accessibility Guidelines                     | 28. Plumbing Systems                   |
| 12. Interior Environment                                 | 29. Elevators & Conveying Systems      |
| 13. Energy Efficiency                                    | 30. Special Construction               |
| 14. Exterior Wall Covering                               | 31. Construction in the Public R/W     |
| 15. Roofs & Roof Structures                              | 32. Site Work, Demolition/Construction |
| 16. Structural Loads                                     | 33. Existing Buildings                 |
| 17. Foundations/Retaining Walls                          | 34. Private Swimming Pools             |

**B. Trainees must mark each item trained on, and initial in the spaces provided on the OJT checklist, when each training segment has been completed.**

**C. Trainees must also include the number of specific areas and the total hours spent during OJT.**

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## **BUILDING PLAN REVIEW OJT CHECKLIST**

My specific On the Job Training (OJT) has included instruction on the following items as indicated by “X” or “✓”.

### **Building Trade Plan Review:**

- |   |  |
|---|--|
| <input type="checkbox"/> Listing and Labeling                       | <input type="checkbox"/> Alternative materials, etc.         |
| <input type="checkbox"/> Penetrations                               | <input type="checkbox"/> Cutting & Notching, etc.            |
| <input type="checkbox"/> Equipment & Appliance Location             | <input type="checkbox"/> Elevation                           |
| <input type="checkbox"/> Piping Support                             | <input type="checkbox"/> Access & Service                    |
| <input type="checkbox"/> Condensate Disposal                        | <input type="checkbox"/> Clearance Reduction                 |
| <input type="checkbox"/> Ventilation Required                       | <input type="checkbox"/> Mechanical Ventilation              |
| <input type="checkbox"/> Natural Ventilation                        | <input type="checkbox"/> Exhaust Location                    |
| <input type="checkbox"/> Motors & Fans                              | <input type="checkbox"/> Clothes Dryer Exhaust               |
| <input type="checkbox"/> Domestic Kitchen Exhaust Equipment         | <input type="checkbox"/> Commercial Kitchen Grease Ducts     |
| <input type="checkbox"/> Commercial Kitchen Hoods                   | <input type="checkbox"/> Commercial Kitchen Makeup Air       |
| <input type="checkbox"/> Fire Suppression Systems                   | <input type="checkbox"/> Hazardous Exhaust Systems           |
| <input type="checkbox"/> Dust, Stock & Refuse Conveying Systems     | <input type="checkbox"/> Sub-slab Soil Exhaust Systems       |
| <input type="checkbox"/> Mausoleum Relief Vent                      | <input type="checkbox"/> Plenums                             |
| <input type="checkbox"/> Duct Construction & Installation           | <input type="checkbox"/> Insulation                          |
| <input type="checkbox"/> Air Filters                                | <input type="checkbox"/> Smoke Detection Systems             |
| <input type="checkbox"/> Fire Protection of Ducts                   | <input type="checkbox"/> Confined Spaces, Unconfined Spaces  |
| <input type="checkbox"/> Combination Air                            | <input type="checkbox"/> Louvers & Grilles                   |
| <input type="checkbox"/> Specially Engineered Installations         | <input type="checkbox"/> Combustion Air Ducts                |
| <input type="checkbox"/> Vents                                      | <input type="checkbox"/> Connectors                          |
| <input type="checkbox"/> Hood Venting                               | <input type="checkbox"/> Factory-Built Chimneys              |
| <input type="checkbox"/> Specific Fireplaces & Equipment            | <input type="checkbox"/> Water Heaters                       |
| <input type="checkbox"/> Pressure Vessels                           | <input type="checkbox"/> Boilers                             |
| <input type="checkbox"/> Safety & Pressure Relief Valves & Controls | <input type="checkbox"/> Refrigeration System Classification |
| <input type="checkbox"/> Machinery Room                             | <input type="checkbox"/> Refrigerant Piping                  |
| <input type="checkbox"/> Hydronic Piping                            | <input type="checkbox"/> Insulation                          |
| <input type="checkbox"/> Fuel Oil Piping & Storage                  |  |

**Total Hours OJT Training Received** = \_\_\_\_\_ hours

Trainee and Trainer(s) should sign this form after all of OJT Training has been completed. Include all Trainers that have trained on the hours shown on the Checklist.

