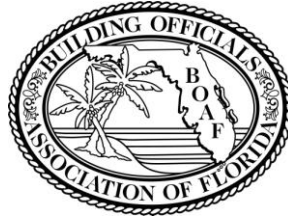


BOAF Application # _____
(Assigned by BOAF Office) **Part II-D**

Date Received by BOAF _____

ELECTRICAL PLAN REVIEW

BCAIB Provider # 0001001



OJT CHECKLIST

Training Program # 6571

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

Please check the website at 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 34 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 Electrical Plans Examiner** Trainer as evidenced by this and other required forms, including the notarized trainers affidavit.

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

1. Building Service
2. Electrical Layout
3. Panel Schedule & Specifications
4. Emergency Power
5. Motor Appliances
6. Special Wiring & Equipment
7. Plan Analysis of Service
8. Analysis of Electrical Layout
9. Panel Schedule and Specifications
10. Analysis of Emergency Systems
11. Analysis of Motor Circuits
12. Communications Systems

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.



ELECTRICIAL PLAN REVIEW OJT CHECKLIST

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

Electrical Trade Plan Review

- | | |
|---|--|
| <input type="checkbox"/> Working Clearance | <input type="checkbox"/> Grounded Conductor |
| <input type="checkbox"/> Branch Circuits | <input type="checkbox"/> Branch Circuit Calculations |
| <input type="checkbox"/> Household Cook Equipment | <input type="checkbox"/> Services |
| <input type="checkbox"/> Over-Current | <input type="checkbox"/> Grounding |
| <input type="checkbox"/> Grounded Electrode Conductor | <input type="checkbox"/> Bonding |
| <input type="checkbox"/> Equipment Grounding Conductor | <input type="checkbox"/> Wiring Methods |
| <input type="checkbox"/> Conductor Ampacity | <input type="checkbox"/> Cable Trays |
| <input type="checkbox"/> Nonmetal Tubing | <input type="checkbox"/> Type NM Cable |
| <input type="checkbox"/> Service Cable | <input type="checkbox"/> Rigid Metallic Conduit |
| <input type="checkbox"/> Electrical Metallic Tubing | <input type="checkbox"/> Flexible Metal Conduit |
| <input type="checkbox"/> Wire-ways | <input type="checkbox"/> Box Fill |
| <input type="checkbox"/> Switch/Panel Boards | <input type="checkbox"/> Cords |
| <input type="checkbox"/> Light Fixtures | <input type="checkbox"/> Appliances |
| <input type="checkbox"/> Electric Space Heating Equipment | <input type="checkbox"/> Motors |
| <input type="checkbox"/> Motor Full-Load Currents | <input type="checkbox"/> Air Conditioning & Ref. Equipment |
| <input type="checkbox"/> Transformers | <input type="checkbox"/> Over 600 Volts Equipment |
| <input type="checkbox"/> Hazardous Locations | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Information Technology Equipment |
| <input type="checkbox"/> Emergency Systems | <input type="checkbox"/> Signal Circuits |
| <input type="checkbox"/> Fire Alarm Systems | <input type="checkbox"/> Communications |

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.

