

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

Date Received by BOAF _____

PLUMBING PLAN REVIEW

BCAIB Provider # 0001001



OJT CHECKLIST

Training Program # 6575

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 28 hours (minimum) of FLORIDA BUILDING CODE classroom training, as approved by BOAF, or other pre-approved trainer. Certificates **MUST** be provided.

This curriculum also requires 182 hours (minimum) of properly documented On - Job - Training (OJT) with a **Florida Standard Licensed Plumbing Plain Review** Trainer as evidenced by this and other required forms, including the notarized trainers affidavit.

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

1. Administration
2. General Regulations
3. Fixtures, Faucets & Fixture Fittings
4. Water Heaters
5. Water Supply & Distribution
6. Sanitary Drainage
7. Indirect/Special Waste
8. Vents
9. Traps
10. Storm Drainage
11. Fuel Piping
12. Special Piping & Storage

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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PLUMBING PLAN REVIEW OJT CHECKLIST

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

Plumbing Trade Plan Review:

- | | |
|---|--|
| <input type="checkbox"/> Materials | <input type="checkbox"/> Rodent proofing |
| <input type="checkbox"/> Protection of Pipes & Components | <input type="checkbox"/> Trenching, Excavation & Backfill |
| <input type="checkbox"/> Structural Safety | <input type="checkbox"/> Piping Support |
| <input type="checkbox"/> Flood-proofing | <input type="checkbox"/> Washroom & Toilet Room Requirements |
| <input type="checkbox"/> Toilet Facilities | <input type="checkbox"/> Public Food Service Establishments |
| <input type="checkbox"/> Minimum Plumbing Facilities | <input type="checkbox"/> Potty Parity |
| <input type="checkbox"/> Unisex | <input type="checkbox"/> Accessible Plumbing Fixtures |
| <input type="checkbox"/> Fixture Clearances | <input type="checkbox"/> Fixtures |
| <input type="checkbox"/> Specialty Plumbing Fixtures | <input type="checkbox"/> Water Heaters |
| <input type="checkbox"/> Safety Devices | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Water Service | <input type="checkbox"/> Distribution System |
| <input type="checkbox"/> Joints & Connections | <input type="checkbox"/> Protection of Potable Water Supply |
| <input type="checkbox"/> Health Care Plumbing | <input type="checkbox"/> Disinfection |
| <input type="checkbox"/> Water Treatment | <input type="checkbox"/> Well Pumps & Tanks |
| <input type="checkbox"/> Building Sewer | <input type="checkbox"/> Drainage Piping |
| <input type="checkbox"/> Cleanouts | <input type="checkbox"/> Fixture Units |
| <input type="checkbox"/> Drainage System Sizing | <input type="checkbox"/> Offsets |
| <input type="checkbox"/> Sumps & Ejectors | <input type="checkbox"/> Computerized Drainage Design |
| <input type="checkbox"/> Backwater Valves | <input type="checkbox"/> Indirect Wastes |
| <input type="checkbox"/> Special Wastes | <input type="checkbox"/> Vent Stacks & Stack Vents |
| <input type="checkbox"/> Vent Terminals | <input type="checkbox"/> Vent Connections & Grades |
| <input type="checkbox"/> Common Vent | <input type="checkbox"/> Individual Vent |
| <input type="checkbox"/> Wet Venting | <input type="checkbox"/> Fixture Vents |
| <input type="checkbox"/> Waste Stack Vent | <input type="checkbox"/> Circuit Venting |
| <input type="checkbox"/> Combination Drain & Vent System | <input type="checkbox"/> Island Fixture Venting |
| <input type="checkbox"/> Relief Vents | <input type="checkbox"/> Vents for Stack Offsets |
| <input type="checkbox"/> Vent Pipe Sizing | <input type="checkbox"/> Air Admittance Valves |
| <input type="checkbox"/> Engineered Vent Systems | <input type="checkbox"/> Traps |
| <input type="checkbox"/> Interceptors & Separators | <input type="checkbox"/> Roof Drains |
| <input type="checkbox"/> Conductors, Leaders & Storm Drains | <input type="checkbox"/> Secondary Roof Drains |
| <input type="checkbox"/> Combined Sanitary & Storm System | <input type="checkbox"/> Controlled Flow |
| <input type="checkbox"/> Sumps | <input type="checkbox"/> Fuel Piping |
| <input type="checkbox"/> Special Piping & Storage Systems | |

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.

