



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	Occupancy Classification (FBC)	Permit # or Address	Inspection/Review - Be Specific Provide description from Checklist, Not Just Codes! Use as many rows as necessary	Time (Nearest 1/4 of an hour)	Trainer Approval (must be signed for each training)

Dates: From ___/___/___ To ___/___/___

Sheet Total _____
Accumulative Total _____ Page _____ of _____