

Performance Profile Sheet

Module Number: 26401-20 has no Performance Profile Sheet; performance testing is not required for this module.

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Performance Profile Sheet

Module Number: 26402-20 has no Performance Profile Sheet; performance testing is not required for this module.

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Performance Profile Sheet

Module Number: 26403-20 has no Performance Profile Sheet; performance testing is not required for this module.

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Performance Profile Sheet

Craft: Electrical Level Four

Module: 26404-20

Module Title: Basic Electronic Theory

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(1) Passed: performed task

(2) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit them to your Training Program Sponsor through the Registry System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
2	Test a transistor to determine whether it is an NPN or PNP.				
2	Identify the cathode on three different styles of SCRs, using the shape or markings for identification.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form in the space provided.

Signatures:

I, the undersigned, acknowledge the successful completion of the above performance task(s) under the supervision of an NCCER certified Performance Evaluator.

Candidate/Trainee: _____ Date: _____

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet

Craft: Electrical Level Four

Module: 26405-20

Module Title: Fire Alarm Systems

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(1) Passed: performed task

(2) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit them to your Training Program Sponsor through the Registry System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
5	Connect selected fire alarm system(s).				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form in the space provided.

Signatures:

I, the undersigned, acknowledge the successful completion of the above performance task(s) under the supervision of an NCCER certified Performance Evaluator.

Candidate/Trainee: _____ Date: _____

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet

Craft: Electrical Level Four

Module: 26406-20

Module Title: Specialty Transformers

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(1) Passed: performed task

(2) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit them to your Training Program Sponsor through the Registry System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1	Identify various specialty transformers.				
1	Connect a buck-and-boost transformer to a single-phase circuit so that it will first be in the boost mode and then in the buck mode. Record the voltage increase and decrease for each configuration.				
2	Using a clamp-on ammeter, demonstrate the principles of a current transformer; identify the primary winding, and then calculate and measure the effects of increasing the number of turns (loops) in the primary winding.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form in the space provided.

Signatures:

I, the undersigned, acknowledge the successful completion of the above performance task(s) under the supervision of an NCCER certified Performance Evaluator.

Candidate/Trainee: _____ Date: _____

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet

Craft: Electrical Level Four

Module: 26407-20

Module Title: Advanced Controls

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(1) Passed: performed task

(2) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit them to your Training Program Sponsor through the Registry System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
3	Identify and connect various control devices.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form in the space provided.

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Candidate/Trainee: _____ Date: _____

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet

Craft: Electrical Level Four

Module: 26408-20

Module Title: HVAC Controls

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(1) Passed: performed task

(2) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit them to your Training Program Sponsor through the Registry System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
2	Identify various types of thermostats and describe their operation and uses.				
2	Install a conventional 24V bimetal thermostat and hook it up using the standard coding system for thermostat wiring.				
2	Check and adjust a thermostat, including the heat anticipator setting and indicator adjustment.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form in the space provided.

Signatures:

I, the undersigned, acknowledge the successful completion of the above performance task(s) under the supervision of an NCCER certified Performance Evaluator.

Candidate/Trainee: _____ Date: _____

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet

Craft: Electrical Level Four

Module: 26409-20

Module Title: Heat Tracing and Freeze Protection

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(1) Passed: performed task

(2) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit them to your Training Program Sponsor through the Registry System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1	Prepare and connect heat-tracing cable in a power connection box or splice box.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form in the space provided.

Signatures:

I, the undersigned, acknowledge the successful completion of the above performance task(s) under the supervision of an NCCER certified Performance Evaluator.

Candidate/Trainee: _____ Date: _____

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet

Module Number: 26410-20 has no Performance Profile Sheet; performance testing is not required for this module.

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Performance Profile Sheet

Craft: Electrical Level Four

Module: 26411-20

Module Title: Medium-Voltage Terminations/Splices

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(1) Passed: performed task

(2) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit them to your Training Program Sponsor through the Registry System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
2	Prepare a cable and complete a splice or stress cone.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form in the space provided.

Signatures:

I, the undersigned, acknowledge the successful completion of the above performance task(s) under the supervision of an NCCER certified Performance Evaluator.

Candidate/Trainee: _____ Date: _____

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet

Module Number: 26412-20 has no Performance Profile Sheet; performance testing is not required for this module.

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Module: 46101

Module Title: Fundamentals of Crew Leadership



Trainee Name:

Training Program Sponsor:

Instructor:

Rating Levels: (1) Passed: performed task (2) Failed: did not perform task
Also, list the date the testing for each task was completed.

Recognition: When testing for the NCCER Training Program, be sure to record Performance testing results on the Registration of Training Modules form, and submit the results to the Training Program Sponsor.

Certified Plus Credential: Trainees who successfully complete these performance tasks may be eligible for a Certified Plus Credential. Refer to the Note on Performance Testing of this Performance Profile for eligibility requirements, or contact NCCER for more information.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
4	Develop and present a look-ahead schedule.				
4	Develop an estimate for a given work activity.				