

Performance Profile Sheet



Module 03101 has no Performance Profile Sheet;
performance testing is not required for this module.

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.

Performance Profile Sheet



Module 03102 has no Performance Profile Sheet;
performance testing is not required for this module.

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.

Performance Profile Sheet



Craft: HVACR Level One, 6th Ed.

Module: 03106

Module Title: Basic Electricity

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) 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 completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1, 2, 3, 4	Draw a connection diagram for a circuit that includes the following components:				
	• A power control switch				
	• 120VAC/24VAC control transformer				
	• A control relay with a 24VAC coil				
	• (2) 120VAC lights, controlled by the relay and wired in parallel				
1, 2, 3, 4	Assemble the circuit based on the connection diagram developed in <i>Performance Task 1</i> , powered by a GFCI-protected power source.				
2, 3, 4	With the circuit de-energized, check circuit components and relay contacts for continuity.				
2, 3, 4	With the circuit de-energized, measure and record the resistance of the transformer windings, relay coil, and lights.				
2, 3, 4	Energize the circuit, turning on the lights, and measure and record the total circuit current.				
2, 3, 4	Measure the voltage provided by the power source to the transformer primary.				

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
2, 3, 4	De-energize and disable the circuit power source. Verify that power is disabled with a voltmeter.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance (“NCCER Guidelines”). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.

Performance Profile Sheet



Craft: HVACR Level One, 6th Ed.

Module: 03108

Module Title: Introduction to Heating

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) 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 completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
2	Identify and describe the function of the primary components in an induced-draft furnace or condensing furnace.				
2	Check and record the temperature rise, manifold gas pressure, and flame quality on an operating gas furnace.				
2	Using the furnace manufacturer's installation instructions, determine if a furnace installation has the required clearances.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance (“NCCER Guidelines”). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.

Performance Profile Sheet



Craft: HVACR Level One, 6th Ed.

Module: 03107

Module Title: Introduction to Cooling

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) 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 completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1	Measure and record the dry bulb and wet bulb temperatures of the supply and return air streams in an operating cooling system.				
1	Connect a refrigerant gauge manifold and properly calculate subcooling and superheat on an operating system.				
2	Identify refrigerants using cylinder color codes.				
3, 4	Identify the compressor, condenser, evaporator, metering device, and accessories in a cooling system.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance (“NCCER Guidelines”). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.

Performance Profile Sheet



Craft: HVACR Level One, 6th Ed.

Module: 03109

Module Title: Air Distribution Systems

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) 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 completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1	Use a manometer to measure static pressure in a duct.				
1	Use a velometer to measure the velocity of airflow at supply diffusers or registers.				
1	Use a velometer to calculate the volume of airflow in a duct.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance (“NCCER Guidelines”). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.

Performance Profile Sheet



Craft: HVACR Level One, 6th Ed.

Module: 03103

Module Title: Basic Copper and Plastic Piping Practices

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) 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 completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1, 2	Cut and bend copper tubing.				
1, 2	Join copper tubing using a flared connection.				
1, 2	Join copper tubing using a compression fitting and ferrule.				
1, 2	Assemble press-to-connect joints in copper tubing according to the manufacturer's instructions.				
3	Cut and join PVC pipe and fittings.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance (“NCCER Guidelines”). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.

Performance Profile Sheet



Craft: HVACR Level One, 6th Ed.

Module: 03104

Module Title: Soldering and Brazing

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) 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 completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1	Properly set up and shut down an air-acetylene torch.				
1	Properly prep and safely solder copper tubing in various planes, using various fittings.				
2	Properly set up and shut down oxyacetylene equipment.				
2	Properly prep and safely braze copper tubing in various planes, using various fittings, with a nitrogen purge.				
2	Braze copper tubing to either steel or brass components.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance (“NCCER Guidelines”). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.

Performance Profile Sheet



Craft: HVACR Level One, 6th Ed.

Module: 03105

Module Title: Basic Carbon Steel Piping Practices

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) 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 completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
1, 2	Cut, ream, and thread steel pipe.				
1, 3	Join threaded pipe or pipe nipples using various fittings.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance (“NCCER Guidelines”). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

Copyright © 2022 NCCER. Permission is granted to reproduce this page provided that copies are for local use only and that each copy contains this notice.