0 (1 D) 1:					nccer
_	Level Four, 4th Ed.				
Module: 02401-					
Module Title: Bi	usiness Principles for Plumbers				
TRAINEE NAM	E:				
	OGRAM SPONSOR:				
INSTRUCTOR:					
Rating Leve (P) Passed: per					
(F) Failed: did r	not perform task				
Be sure to list the	ne date the testing for each task was co	ompleted.			
•	<b>1:</b> or the NCCER Training Program, recordes through NCCER's online Testing Sys	•	e testing res	sults and su	ubmit
OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
2	Prepare a material takeoff as part of an estimate.				
	ure that both the Candidate/Trainee gnature lines to follow.	and Perforn	nance Evalı	uator sign	and date this
all tasks listed of I understand the	nd acknowledge that, by my signature be on this Performance Profile in the prese at any and/or all of my NCCER credent ontly determined that this Performance ines.	ence of the al tials/certificat	bove-named ions may be	d Performar e subject to	nce Evaluator. revocation
Candidate/Train	nee:		Date:		<del></del>
I understand ar the above-name accordance with	nd acknowledge that, by my signature bed trainee successfully complete all the happlicable policies and procedures soluidelines and Program Compliance ("N	pelow, I am co e tasks listed et forth in the	onfirming the on this Perf current edit	at I persona formance P tion of the N	ally observed rofile in NCCER

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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: \_\_\_\_\_

Craft: Fundamentals of Crew Leadership, 2nd Ed.

Module: 46101-11

Module Title: Fundamentals of Crew Leadership

TRAINEE NAME:
TRAINING PROGRAM SPONSOR:
NSTRUCTOR:

#### 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
7	Develop an estimate for a given work activity. (Section Four)				
8	Develop and present a look ahead-schedule. (Section Four)				



all tasks listed on this Performance Profi I understand that any and/or all of my No	ny signature below, I am confirming that I personally performed le in the presence of the above-named Performance Evaluator. CCER credentials/certifications may be subject to revocation Performance Profile was not delivered in accordance with
Candidate/Trainee:	Date:
the above-named trainee successfully co accordance with applicable policies and Accreditation Guidelines and Program C all of my NCCER credentials/certification	my signature below, I am confirming that I personally observed omplete all the tasks listed on this Performance Profile in procedures set forth in the current edition of the NCCER ompliance ("NCCER Guidelines"). I understand that any and/or is may be subject to revocation if it is subsequently determined livered in accordance with NCCER Guidelines.
Performance Evaluator:	Date:

Craft: Plumbing Level Four, 4th Ed.

Module: 02403-14

Module Title: Water Pressure Booster and Recirculation 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	Install the basic components of a water pressure booster system.				
2	Install the basic components of a recirculation system.				



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all tasks listed on this Performance Profile in the I understand that any and/or all of my NCCER cr	ture below, I am confirming that I personally performed presence of the above-named Performance Evaluator. redentials/certifications may be subject to revocation ance Profile was not delivered in accordance with
Candidate/Trainee:	Date:
the above-named trainee successfully complete accordance with applicable policies and procedu Accreditation Guidelines and Program Complian	ature below, I am confirming that I personally observed all the tasks listed on this Performance Profile in tres set forth in the current edition of the NCCER ce ("NCCER Guidelines"). I understand that any and/or subject to revocation if it is subsequently determined a accordance with NCCER Guidelines.
Performance Evaluator:	Date:

Craft: Plumbing Level Four, 4th Ed.

Module: 02404-14

Module Title: Indirect and Special Waste

#### 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	Install an indirect waste system.				
2	Size and install an interceptor using information provided by the instructor.				



all tasks listed on this Performance Profile in the I understand that any and/or all of my NCCER cr	ture below, I am confirming that I personally performed presence of the above-named Performance Evaluator. redentials/certifications may be subject to revocation ance Profile was not delivered in accordance with
Candidate/Trainee:	Date:
the above-named trainee successfully complete accordance with applicable policies and procedu Accreditation Guidelines and Program Complian	ature below, I am confirming that I personally observed all the tasks listed on this Performance Profile in tres set forth in the current edition of the NCCER ce ("NCCER Guidelines"). I understand that any and/or subject to revocation if it is subsequently determined a accordance with NCCER Guidelines.
Performance Evaluator:	Date:

Croft: Dlumbing	Level Four, 4th Ed.				nccer
Module: 02405-	•				
	ydronic and Solar Heating Systems				
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	E:				
	OGRAM SPONSOR:				
INSTRUCTOR:					
Rating Leve (P) Passed: per					
	not perform task				
` '	ne date the testing for each task was co	mpleted.			
	•	•			
•	<b>1:</b> or the NCCER Training Program, record es through NCCER's online Testing Syst	•	e testing res	sults and su	ıbmit
OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
3	Lay out a hydronic or solar heating system.				
	ure that both the Candidate/Trainee a gnature lines to follow.	and Perforn	nance Evalu	uator sign a	and date this
I understand ar all tasks listed of I understand the	nd acknowledge that, by my signature be on this Performance Profile in the presen at any and/or all of my NCCER credenti- ently determined that this Performance F ines.	nce of the al als/certificat	bove-named ions may be	Performan subject to	nce Evaluator. revocation
Candidate/Trair	nee:		Date:		
the above-name accordance with Accreditation G	nd acknowledge that, by my signature be ed trainee successfully complete all the h applicable policies and procedures se uidelines and Program Compliance ("No R credentials/certifications may be subj	tasks listed t forth in the CCER Guide	on this Performant current editelines"). I un	ormance Pr ion of the N derstand th	rofile in ICCER aat any and/oi

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Performance Evaluator: \_\_\_\_\_\_ Date: \_\_\_\_\_

that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Craft: Plumbing Level Four, 4th Ed.

Module: 02406-14

Module Title: Codes	
TRAINEE NAME:	
TRAINING PROGRAM SPONSOR: _	
NSTRUCTOR:	

#### **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 the local applicable plumbing code to find and cite references for the questions in <i>Appendix A</i> .				

Appendix A is attached.



all tasks listed on this Performance Profile i I understand that any and/or all of my NCC	signature below, I am confirming that I personally performed in the presence of the above-named Performance Evaluator. ER credentials/certifications may be subject to revocation rformance Profile was not delivered in accordance with
Candidate/Trainee:	Date:
the above-named trainee successfully com accordance with applicable policies and pro Accreditation Guidelines and Program Com all of my NCCER credentials/certifications	signature below, I am confirming that I personally observed plete all the tasks listed on this Performance Profile in ocedures set forth in the current edition of the NCCER apliance ("NCCER Guidelines"). I understand that any and/or may be subject to revocation if it is subsequently determined ered in accordance with NCCER Guidelines.
Performance Evaluator:	Date:

# **Appendix A**

#### **LOCAL CODE CITATIONS FOR PERFORMANCE TASK**

Use a copy of your local applicable code to answer the following questions about requirements in your area for various types of plumbing installations. Be sure to cite the reference following your answer.

1.	What are the duties and powers entrusted to your local code officials?
2.	What work is specifically exempt from the requirement for a permit?
3.	What are the requirements for connecting the drainage piping to offsets and bases of stacks?
4.	How are vacuum system station receptacles to be installed?
5.	What standard is referenced for the installation of nonflammable medical gas systems?
6.	What are the minimum required air gaps for lavatories and fixtures with similarly sized openings?
7.	How is the maximum water-consumption flow rate determined for a public lavatory?
8.	What is the maximum allowable amount of lead content in water supply pipe and fittings?
9.	What are the requirements for joints between copper and copper-alloy tubing?
10.	What are the size requirements for a shower compartment?

Craft: Plumbing Level Four, 4th Ed.

Module: 02408-14

Module Title: Private Water Supply Well Systems

TRAINEE NAME:	
TRAINING PROGRAM SPONSOR: _	
NSTRUCTOR:	

#### 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
3	Assemble and disassemble given components of private water supply well systems.				



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all tasks listed on this Performance Profile in the I understand that any and/or all of my NCCER cr	ture below, I am confirming that I personally performed presence of the above-named Performance Evaluator. edentials/certifications may be subject to revocation ance Profile was not delivered in accordance with
Candidate/Trainee:	Date:
the above-named trainee successfully complete accordance with applicable policies and procedu Accreditation Guidelines and Program Complian	res set forth in the current edition of the NCCER ce ("NCCER Guidelines"). I understand that any and/or e subject to revocation if it is subsequently determined
Performance Evaluator:	Date:



Module 02409–14 has no Performance Profile Sheet; performance testing is not required for this module.

Craft: Plumbing Level Four, 4th Ed.

Module: 02410-14

Module Title: Swimming Pools and Hot Tubs

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	Calculate the volume of a pool.				
2	Identify the components of piping for a spa.				

Appendix is attached.



S	i	a	n	a	tı	u	r	е	S	

all tasks listed on this Performance Profile in the I understand that any and/or all of my NCCER cr	ture below, I am confirming that I personally performed presence of the above-named Performance Evaluator. edentials/certifications may be subject to revocation ance Profile was not delivered in accordance with
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the above-named trainee successfully complete accordance with applicable policies and procedu Accreditation Guidelines and Program Complian	res set forth in the current edition of the NCCER ce ("NCCER Guidelines"). I understand that any and/or e subject to revocation if it is subsequently determined
Performance Evaluator:	Date:

## **Appendix**

#### **EXERCISES FOR PERFORMANCE TASK 1**

Use the drawing of a hypothetical swimming-pool installation in *Figure A-1* and the information in this module to answer the following questions. Round your answers up or down to the nearest whole number. Remember to show all your work.

1. Calculate the total pool volume in cubic feet:

\_\_\_\_\_

2. Calculate the total gallon capacity of the pool:

\_\_\_\_\_

3. Given that turnover is said to occur once every 10 hours, the pool's bathing load would be:

\_\_\_\_\_

4. Given that turnover is said to occur once every six hours, the pool's bathing load would be:

\_\_\_\_\_

5. Enter the turnover in gpm for Questions #3 and #4:

\_\_\_\_\_ and \_\_\_\_

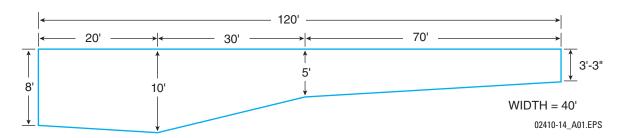


Figure A-1 Swimming pool installation.

Craft: Plumbing Level Four, 4th Ed.

Module: 02411-14

Module Title: Plumbing for Mobile Homes and Travel Trailer Parks

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	Size the water supply and DWV systems for a mobile home park using information provided by your instructor.				



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Performance Evaluator:	Date:

Craft: Plumbing Level Four, 4th Ed.

Module: 02412-14

Module Title: Introduction to Medical Gas and Vacuum Systems

FRAINEE NAME:
FRAINING PROGRAM SPONSOR:
NSTRUCTOR:

#### **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
5	Braze copper tube with purging.				
5	Braze copper tube without purging.				



all tasks listed on this Performance Profi I understand that any and/or all of my No	ny signature below, I am confirming that I personally performed le in the presence of the above-named Performance Evaluator. CCER credentials/certifications may be subject to revocation Performance Profile was not delivered in accordance with
Candidate/Trainee:	Date:
the above-named trainee successfully co accordance with applicable policies and Accreditation Guidelines and Program C all of my NCCER credentials/certification	my signature below, I am confirming that I personally observed omplete all the tasks listed on this Performance Profile in procedures set forth in the current edition of the NCCER ompliance ("NCCER Guidelines"). I understand that any and/or as may be subject to revocation if it is subsequently determined livered in accordance with NCCER Guidelines.
Performance Evaluator:	Date: