## **LOG BOOK**

## **On-the-job Training**

Reporting period: dd/mm to dd/mm/yy

Name of Trainee:

Company name:

Name of Instructor:

Name of CVT Course:

## **Personal Data:**

First Name:	
Family Name:	
Gender:	
Date of Birth:	
(day/month/year)	
Address and Phone	
Number:	V /
Address of Parents or legal	
Guardian:	
Guaraian.	
CVT Course:	
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Training Institute (Address,	
Tel. and name of Institute	
Coordinator) :	
Company (Address Tall and	
Company (Address, Tel. and	
name of Enterprise	
Coordinator):	
Training Period: (from-to)	
dd/mm-dd/mm	

Department/Section	From	То	No. of	Related to
	(dd/mm)	(dd/mm)	Days	Module/Unit
		7		
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	) /			
7				

Daily Activity List Date: dd/mm to dd/mm/yy

DAY	ACTIVITY	HOURS
Monday	✓ Prepared work place	1/2
	✓ Cleaned motor parts and provided spare parts	3
	✓ Assisted in replacing air and fuel filter	2
	✓ Cleaned workshop, work place and tools	2
		1/2
Tuesday	✓	
Wednesday	✓	
Thursday	✓	

Friday	<ul> <li>✓ Assembled fuel pump</li> <li>✓ Cleaned work place and machines</li> </ul>	6 2
Saturday		
Sunday		

Insert a flow chart, drawing / sketch or work sequence from a particular task you have performed during the week.

Example: Inspection and repair of fuel system in a diesel engine from a Suzuki car.

- ✓ Checked the fuel system according to checklist. Found that the fuel pump was not working properly.
- ✓ Discussed with Instructor what to do. He advised me to inquire information from the Operational Manual
- ✓ Cleaned all relevant parts
- ✓ Prepared to disassemble the fuel pump
- ✓ Collected relevant tools
- ✓ Consulted the supervisor
- ✓ Got instruction how to take out the fuel pump.
- ✓ Took out the fuel pump
- ✓ Checked the pressure and capacity cleaned all parts
- ✓ Replaced the fuel pump and checking pressure and capacity
- ✓ Replaced air and fuel filter
- ✓ Checked the final work

✓ Check by Instructor
Insert drawing/ sketch if useful:
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Date, Signature (Trainee):
Date, Signature, Enterprise Coordinator:
Date, Signature, CVT Manager: