

OAA Technology Program Experience Record Book (ERB) Appendix 3

Submit ERB for each 1000 hours worked and for each change of employer. Steps to Follow – Carefully read all instructions.

- Complete this form either by printing neatly in ink or electronically.
- Ensure that Experience Supervisor initials all pages of the form and each change or correction, including each additional page added to this report.
- Ensure that all Declarations are signed and dated.
- Retain a copy of this report for your records.
- Experience Record Book forms that have been altered in any way will not be accepted.

MEMBER IDENTIFICATION *		
Surname *	First Name	Middle Name(s)
No. and Street		Suite No.
City	Province/State/Territory	Country
Postal/Zip Code	Res. Tel.	Bus. Tel.
Res. E-mail	Bus. E-mail	
EMPLOYER IDENTIFICATION		
Name of Practice		
Street		Suite No.
City	Province/State	Country
Postal/Zip Code *	Bus. Tel.	
Nature of Practice's Activities *		
Name of Experience Supervisor		Position
Professional Affiliation		OAA Licence No.
Bus. E-mail		
MENTOR IDENTIFICATION		
Surname *	First Name	Bus. Tel.
Name of Practice	Email	

Association Us	e Only
Received by:	
Date:	
Reviewed by:	
Date:	

	Exper	ience F	Period
From	(Dates	must be	filled in)
То			
	DD	MM	YYYY

Experience Supervisor's Initials

Role of Intern: The Intern must identify their specific activities for each project on page 4 Summary of Project(s). (Submit additional Pages, if required)

Project(s)

Summary of Experience

Intern Declaration:

Record the total hours carried out on projects described on Page 4

1 Programming 2 Site and Environmental Analysis 3 Schematic Design 4 Engineering Systems Coordinatior 5 Building Cost Analysis 6 Code Research 7 Design Development 8 Construction Documents 9 Specifications and Materials Research Document Checking and Coordination 8 Loconstruction Administration 10 Bidding and Contract Negotiation 11 Bidding and Contract Negotiation 12 Construction Phase – Office 13 Construction Phase – Site Subtotal C Management 14 Project Management 15 Office Management Subtotal Subtotal 1 2 3 4 5 6 7 8 9 10 Total Hours Each Project	2 Site and Environmental Analysis 3 Schematic Design 4 Engineering Systems Coordinatior 5 Building Cost Analysis 6 Code Research 7 Design Development 8 Construction Documents 9 Specifications and Materials Research 10 Document Checking and Coordination Subtotal B Construction Administration 11 Bidding and Contract Negotiation 12 Construction Phase – Office 13 Construction Phase – Site Subtotal C Management 14 Project Management 15 Office Management	Total
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Subtotal 1 2 3 4 5 6 7 8 9 10		
1 2 3 4 5 6 7 8 9 10	Subtotal	
Total Hours Each Project	1 2 3 4 5 6 7 8 9 10	
	Total Hours Each Project	

I declare that the enclosed information is an accurate record of my experience.

Name Signature Date

Experience Supervisor's Initials

Summary of Projects

Project Type: new work, additions, renovation, interior design, master planning, etc. **Occupancy Type:** assembly, institutional, residential, commercial, etc.

1.	Project Name:		Location:		
Project Ty	/pe:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
2.	Project Name:		Location:		
Project Ty	/pe:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
3.	Project Name:		Location:		
Project Ty	/pe:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
4.	Project Name:		Location:		
Project Ty	/pe:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
5.	Project Name:		Location:		
Project Ty	/pe:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
C					
6.	Project Name:		Location:		
			Location:		
	/pe:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
Project Ty	Project Name:	Occupancy:		Budget:	No. of Storeys:
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7. Project Ty 8.	Project Name: /pe: Project Name:	Occupancy:	Gross Floor Area:Location:Gross Floor Area:	Budget:Budget:	No. of Storeys:No. of Storeys:
7. Project Ty 8.	Project Name: /pe: Project Name:	Occupancy: Occupancy:	Gross Floor Area:Location:Gross Floor Area:Location:Location:	Budget:Budget:Budget:	No. of Storeys: No. of Storeys:
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1	Comment on the level of responsibility and invo	olvement requested of the Intern Technologist/Student Technolog	gist
2	Comment on the overall attitude/philosophy/pro	ofessional goals of the Intern Technologist/Student Technologist	as you perceive them.
3	Your recommendations for the next (6) months	experience. Not applicable for Retroactive Submissions.	
4	Comment on the extent to which the Intern Tec	chnologist/Student Technologist has been exposed to the activitie	es as outlined for each of the
	categories in which experience has been obtain	ned.	
Ev	novience Sunamicavia Dealeration.	I declare that the preceding information is an accu	rata aummany of the
EX	perience Supervisor's Declaration:	Intern Technologist/Student Technologist's work e	experience.
Su	pervisor Name (please print)	Supervisor's Signature	Date
	,y	,	
Me	entor Declaration:	I declare that I have met with the Intern Technologist/Stu	dent Technologist in
		accordance with the OAA Technology Program.	
_		14 6:	
Me	ntor Name (please print)	Mentor's Signature	Date