

**WASHTENAW COMMUNITY COLLEGE  
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 122

**SECTION I. SUBMISSION INFORMATION**

**1. Course:**  
**Discipline/No:** APP 122      **Title:** Trade Application I      **Start Term** W03

Division Code: HAT      Department Code: CIND      Org #: 14725      Don't publish:  in College Catalog  
 in Time Schedule       on Web Page

**2. Type of Approval:**  
 Full Approval  
 Conditional Approval  
 This proposal previously received conditional approval for the term: \_\_\_\_\_

**3. Reason for Submission:** This Course is being submitted for: (check all that apply)  
 New Course Approval  
 Five-year Syllabus Review       No changes to course  
 Major Change(s)  
 Minor Change(s)\*  
 Reactivation of Inactive Course  
 Inactivation  
 \*If requesting a change to a course that has conditional approval, please submit a complete syllabus.

**4. Change Information:**

<p><b>Minor Changes</b></p> <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input type="checkbox"/> Class Capacity (was: _____) <input type="checkbox"/> Pre or Co-requisites <input type="checkbox"/> Course Objectives (minor changes) <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ other _____) <input type="checkbox"/> Other _____	<p><b>Major Changes</b></p> <input checked="" type="checkbox"/> Credit hours (credits were: <u>04</u> ) <input type="checkbox"/> Change in Grading Method <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Approval for offering an Honors Section <input type="checkbox"/> Approval for offering Distance Learning Sections <input type="checkbox"/> General Education Distribution Course: Add <input type="checkbox"/> Remove <input type="checkbox"/> <input type="checkbox"/> Pre or Co-requisites (that affect other departments)
---	--

**5. Rationale:** \_\_\_\_\_ Change are are being made in response to data from Assessment: yes  no   
 Align credit hours with local 190 third party billing and payment requirements.

**SECTION II. SIGNATURES**

**1. Department Review**  
 Will any new resources be required? No, none anticipated  Yes   
 You must consult all departments that may be affected by this course. List departments contacted below and attach relevant documents.  
 \_\_\_\_\_  
 Does the department support approval of this course?  yes       no  
 Print: Scott Klapper      Faculty/Preparer      Signature Scott Klapper      Date: 10-15-02  
 Print: Scott Klapper      Department Chair      Signature Scott Klapper      Date: 10-15-02

**2. Division Review**  
 Is this a curricular priority for your division?  yes       no (Comment \_\_\_\_\_)  
 What is the estimated enrollment? \_\_\_\_\_  
 Recommendation  Yes       No      [Signature]  
 Dean's Signature      Date: 10/16/02

**3. Curriculum Committee Review**  
 Recommendation  Yes       No      [Signature]  
 Curriculum Committee Chair's Signature      Date: 3.20.03

**4. Vice President for Instruction and Student Services Approval**  
 Approval  Yes       No      [Signature]  
 Executive Vice President's Signature      Date: 3/21/03

ACS Code \_\_\_\_\_ Entered in Banner 1/27 Entered in Access 3/27 Log File \_\_\_\_\_  
 Approved for General Education Area/Group \_\_\_\_\_ Syllabus Date 2003/1/27

**WASHTENAW COMMUNITY COLLEGE  
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 122

**SECTION III. COURSE SYLLABUS**

**A. COURSE DETAILS**

**Discipline & No.:** APP 122      **Title:** Trade Application I

**1. Description:**

This course will teach students the proper methods of rigging material and equipment. This course will teach the proper use of come alongs. This course will teach the proper use of chain falls, snatch blocks, ropes, and pulleys. This course will teach rigging and signaling of cranes.

<b>2. Credit Hours:</b> <u>03</u> If Variable credit, Give Range: _____ to _____ credits  If repeatable for credit, how many times _____	<b>3. Contact Hours per Semester:</b> Lecture: <u>30</u> Lab: <u>30</u> Clinical: _____ Other: _____ Total Contact Hours: <u>60</u>	<b>4. Class Capacity:</b> <u>24</u>	<b>5. Course Options:</b> <input type="checkbox"/> Distance learning  <input type="checkbox"/> Honors  <input type="checkbox"/> P/NP Grading
---	--	--	---

6. Prerequisite(s) and/or “(“	Course	Min Grade	*Concurrent Enrollment	Test Name	Min. Score	**Level “)”	1	11	Other Prerequisites
<input type="checkbox"/>	APP 111	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	APP 112	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	APP 113	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Consent Required

<b>8. Course Purpose:</b> <input checked="" type="checkbox"/> Program Requirement <input type="checkbox"/> General Education <input type="checkbox"/> Program Support <input type="checkbox"/> Basic Skills/Developmental <input type="checkbox"/> Transfer <input type="checkbox"/> Industry/Professional Dev <input type="checkbox"/> Enrichment	<b>If a program requirement, specify the program(s)</b> <u>Local 190 apprentice program</u> _____ _____	<b>Please send syllabus for Transfer evaluation to:</b> <input type="checkbox"/> EMU <input type="checkbox"/> UM _____ _____ _____	<b>Accepted for transfer:</b> <input type="checkbox"/> EMU _____ <input type="checkbox"/> UM _____ _____ _____ _____
---	--	---	---

<b>9. Terms Course will be offered:</b>							
<b>Terms</b>	<b>Session Length</b> (e.g. 15 weeks, 1 <sup>st</sup> 7½ weeks, etc.)	<b>Day</b>	<b>Eve</b>	<b>Even years only</b>	<b>Odd years only</b>		
<input checked="" type="checkbox"/> Fall	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Winter	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/> Spr/Summer	<u>15 weeks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**B. MAJOR INSTRUCTIONAL UNITS**

1. Ropes
2. Knots & Hitches Wire rope
3. Wire rope
4. Slings
5. Helicopter Hoisting
6. Cranes & crane signals

**WASHTENAW COMMUNITY COLLEGE  
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

**APP 122**

7. Hoisting equipment
8. Rigging hardware
9. Basic electricity
10. Drawing

**WASHTENAW COMMUNITY COLLEGE  
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 122

**C. INSTRUCTIONAL OBJECTIVES**

**Unit #1 Ropes**

The student will:

1. Demonstrate working with ropes
2. Describe the proper care
3. Describe types of ropes
4. Describe splicing ropes

**Unit #2 Knots & Hitches**

The student will:

1. Describe what a knot must do
2. Describe rope parts and knot elements
3. Describe knots hitches and their use

**Unit # 3 Wire rope**

The student will:

1. Describe construction of wire rope
2. Describe wire rope classification
3. Describe the lay of rope
4. Describe and demonstrate the proper care and handling of wire rope
5. Describe the strength and working load for new wire rope
6. Describe the cutting and seizing wire rope

**Unit # 4 Slings**

The student will:

1. Describe the selections of slings
2. Describe basic hitches
3. Describe sling eyes
4. Describe safe work practice
5. Describe inspection of sling
6. Describe splicing
7. Describe capacities
8. Describe chain sling

**Unit #5 Helicopter hoisting**

The student will:

1. Demonstrate the procedures of
2. List important factors when working with helicopters
3. Describe housekeeping
4. Describe helicopter and hand signals

**Unit # 6 Cranes & crane signals**

The student will:

1. Describe operating procedures
2. Describe the center of gravity
3. Describe the types of cranes and derricks
4. Describe mobile cranes
5. Describe tower cranes
6. Describe hand signals
7. Describe safety with cranes

**WASHTENAW COMMUNITY COLLEGE  
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 122

Unit # 7 Hoisting equipment

The student will:

1. Demonstrate the use of chain hoists
2. Describe cable winch and pull lift hoist
3. Describe rope blacks
4. Describe jacks (different types)

Unit # 8 Rigging hardware

The student will:

1. Use eyes, thimbles, clips, sockets, hooks
2. Use rings, links, shackles, swivels & turn buckles

Unit # 9 Basic electricity

The student will demonstrate proper use of the following:

1. proper cord repair
2. basic circuitry
3. power testing-volts, amps, ohms
4. safety with electricity

Unit #10 Drawing

The student will:

1. Demonstrate in depth pipe drawing
2. Demonstrate layout & design
3. Demonstrate detailing & sizing

**WASHTENAW COMMUNITY COLLEGE  
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 122

**D. INSTRUCTIONAL METHODS, EVALUATION CRITERIA, AND ASSESSMENT**

**1. Instructional Methods:**

<input checked="" type="checkbox"/> Lecture/Discussion _____ <input type="checkbox"/> Clinical Instruction _____ <input checked="" type="checkbox"/> Laboratory Assignments _____ <input type="checkbox"/> Internet Assignments _____ <input type="checkbox"/> Computer Simulations _____ <input type="checkbox"/> On-Site Work Experience _____ <input type="checkbox"/> Team Assignments _____ <input type="checkbox"/> Demonstrations _____	<input type="checkbox"/> Performances _____ <input type="checkbox"/> Group Critiques _____ <input type="checkbox"/> Field Trips _____ <input type="checkbox"/> Telecourse _____ <input type="checkbox"/> ITV Course _____ <input type="checkbox"/> Self-Paced Instruction _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
---	--

**2. Evaluation Criteria:**

<input checked="" type="checkbox"/> Attendance _____ <input checked="" type="checkbox"/> Class Discussion _____ <input type="checkbox"/> Papers _____ <input type="checkbox"/> Portfolios _____ <input type="checkbox"/> Projects _____ <input type="checkbox"/> Reports _____ <input type="checkbox"/> Clinical Assignments _____ <input checked="" type="checkbox"/> Home Work _____	<input checked="" type="checkbox"/> Quizzes _____ <input checked="" type="checkbox"/> Tests _____ <input type="checkbox"/> Midterm _____ <input checked="" type="checkbox"/> Final Exam _____ <input type="checkbox"/> Presentations _____ <input type="checkbox"/> Individual Performance _____ <input type="checkbox"/> Group/Team Performance _____ <input type="checkbox"/> Other _____
---	--

**3. Assessment of Student Achievement:**

<input type="checkbox"/> Departmental Exam _____ <input type="checkbox"/> Follow-on Tracking _____ <input type="checkbox"/> Standardized Test _____ <input type="checkbox"/> Portfolio Assessment _____	<input checked="" type="checkbox"/> Pre-test/Post-test _____ <input type="checkbox"/> Simulations _____ <input type="checkbox"/> Comprehensive Project _____ <input type="checkbox"/> Other _____
--	--

**F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES**

**1. Special Equipment/Facilities :**

<input checked="" type="checkbox"/> Lab equipment _____ <input checked="" type="checkbox"/> Computer Lab _____ <input checked="" type="checkbox"/> CD ROM's _____ <input checked="" type="checkbox"/> Data Projector/Screen _____ <input checked="" type="checkbox"/> VCR _____ <input checked="" type="checkbox"/> TV Monitor _____	<input type="checkbox"/> ITV Classroom _____ <input type="checkbox"/> Off-Campus Sites _____ <input type="checkbox"/> Testing Center _____ <input checked="" type="checkbox"/> Other Supplied by Local 190 _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
---	---

**WASHTENAW COMMUNITY COLLEGE  
COURSE-SYLLABUS APPROVAL FORM (CSAF)**

APP 122

**2. Texts:**

Title: UA materials supplied by local 190  
Author: United Association Copyright Yr: \_\_\_\_\_  
Publisher: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

Title: \_\_\_\_\_  
Author: \_\_\_\_\_ Copyright Yr: \_\_\_\_\_  
Publisher: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

Title: \_\_\_\_\_  
Author: \_\_\_\_\_ Copyright Yr: \_\_\_\_\_  
Publisher: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

Title: \_\_\_\_\_  
Author: \_\_\_\_\_ Copyright Yr: \_\_\_\_\_  
Publisher: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

Additional Texts:

**3. Supplies and/or Uniforms students will have to Acquire: (e.g. calculators, uniforms, tools, etc.)**

Descriptions	Cost Estimates
--------------	----------------

_____	_____
_____	_____
_____	_____

**4. Reference Materials that will be used: (e.g. journals, books, manuals, maps, LRC reserves, etc.)**

Title/Name	Location
_____	_____
_____	_____

**5. Computer Software that will be used:**

Title/Name	Location
_____	_____
_____	_____
_____	_____

**6. Audio/Visual Materials that will be used: (e.g. films, video tapes, slides, audio tapes, CDs, etc.)**

Title/Name	Location
_____	_____
_____	_____
_____	_____