

**Project Labor Agreement**

**Pre-Job Conference Form**

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| **General Contractor Information** | |
| Prime Contractor: | |
| Address: | |
| Phone: | |
| Email: | Fax: |
| Prime Contractor’s License Number: | |

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| **PLA Pre Job Conference Meeting Information** |
| Date & Time: |
| Location: |

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| **General Project Information** | | |
| Project Name: | | |
| Project Address: | | |
| Contract No: | | Contract Award Amount: $ |
| Estimated Start Date: | | Estimated End Date: |
| Project Description: | | |
| **Jobsite Contact Information** | | |
| Site Phone: | Email: | |
| Fax: | Jobsite Labor Rep: | |
| Project Manager: | Jobsite Safety Rep: | |
| Job Superintendent: | Manpower Ordered By: | |

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| **Jobsite Scheduling Information** | |
| Number of Shifts: | Start / Stop Times: |
| Pay Day: | Ending Day of Pay Period: |

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| **Jobsite Facilities** |
| Location(s) of First Aid Facilities: |
| Location(s) of Sanitary Facilities: |
| Location(s) of Drinking Water Facilities: |
| Description of Jobsite Parking: |
| Name of Selected Hospital: |
| Hospital Address: |
| Hospital Phone Number: |

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| **Heavy Equipment to Be Utilized on Job** | **By Contractor** |
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| **Project Craftworker Estimate** | | | | |
| **Craft** | | **Craftworkers for needed for Project** | | |
| Sample: Widget Installer | | 5 | | |
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| **Contractor Jurisdictional Work Assignments** | | | | |
| As required by PLA Articles 8 and 15, the assignment of work will be solely the responsibility of the contractor performing the work involved; and such work assignments will be in accordance with the Plan for the Settlement of Jurisdictional Disputes in the Construction Industry (the “Plan”) or any successor plan.  All jurisdictional disputes on this project shall be settled in accordance with PLA Article 8 | | | | |
| **Jurisdictional Work Assignments** | | | | |
| *Contractor name* | *Scope of Work* | | *Union OR*  *Non-Union* | *Union Work Assignment (Local #)* |
| SAMPLE: ABC Contractor | Widget Installation | | Union | Widget Union Local 1234 |
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| **Subcontractor Information – Complete or Attach Subcontractor Listing** | |
| Subcontractor Name: | |
| Type/Scope of Work: | |
| Address: | |
| Estimated Start Date: | Estimated End Date: |
| Contact Person: | Phone: |
| Email: | Contractor License Number: |
|  | |
| Subcontractor Name: | |
| Type/Scope of Work: | |
| Address: | |
| Estimated Start Date: | Estimated End Date: |
| Contact Person: | Phone: |
| Email: | Contractor License Number: |
|  | |
| Subcontractor Name: | |
| Type/Scope of Work: | |
| Address: | |
| Estimated Start Date: | Estimated End Date: |
| Contact Person: | Phone: |
| Email: | Contractor License Number: |
|  | |
| Subcontractor Name: | |
| Type/Scope of Work: | |
| Address: | |
| Estimated Start Date: | Estimated End Date: |
| Contact Person: | Phone: |
| Email: | Contractor License Number: |
|  | |
| Subcontractor Name: | |
| Type/Scope of Work: | |
| Address: | |
| Estimated Start Date: | Estimated End Date: |
| Contact Person: | Phone: |
| Email: | Contractor License Number: |
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| Subcontractor Name: | |
| Type/Scope of Work: | |
| Address: | |
| Estimated Start Date: | Estimated End Date: |
| Contact Person: | Phone: |
| Email: | Contractor License Number: |
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