

NATIONAL PIPELINE AGREEMENT PRE-JOB CONFERENCE REPORT

DATE: _____ TIME: _____ ASSIGNMENT: _____

CONTRACTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

CLIENT / OWNER: _____

PROJECT LOCATION: _____

CITY / COUNTY / STATE: _____

INTERNATIONAL REPRESENTATIVE: _____

LOCAL UNION REPRESENTATIVE: _____

CONTRACTOR REPRESENTATIVE: _____

CONTRACTOR SUPERINTENDENT: _____

HOURS OF WORK: _____ DAYS PER WEEK: _____

NUMBER OF LABORERS: _____ KEY LABORERS: _____

WAGE RATES: _____ FRINGE RATES: _____

PER DIEM: _____ TRAVEL ALLOWANCE: _____

LOCAL UNION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

PROJECT START: _____ PROJECT CONCLUDE: _____

PIPE SIZE: _____ PIPE LENGTH: _____ SPREAD MILEAGE: _____

KEY EMPLOYEES:

<u>NAME</u>	<u>SS#</u>	<u>LOCAL UNION</u>	<u>CLASSIFICATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBCONTRACTORS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

OFFICE MANAGER: _____ CELL: _____

TELEPHONE: _____ FAX: _____

WAREHOUSE LOCATION: _____

STEWARD'S DAYS: _____ HOURS: _____

VEHICLE: _____ CELL PHONE: _____

PAY DAY: _____ BANK: _____

CHECK CASHING: _____ DIRECT DEPOSIT: _____

SPECIAL SAFETY EQUIPMENT: _____

DRUG TESTING: _____

COMMENTS: _____

SIGNATURES:

CONTRACTOR REPRESENTATIVE: _____

INTERNATIONAL REPRESENTATIVE: _____

LOCAL UNION REPRESENTATIVE: _____

DATE: _____