



## Project Labor Agreement (PLA) Pre-Job Conference Form No. \_\_\_\_

In accordance with PLA Article 16, each Contractor is required to conduct a Pre-Job Conference with the Unions not later than ten (10) calendar days prior to commencing work.

General Contractor Information	
Prime Contractor:	
Address:	
Phone:	
Email:	Fax:
Prime Contractor's License Number:	
DBE Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	DBE Certifying Agency:

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

General Project Information	
Project Name:	
Project Address:	
City Contract No:	Contract Award Amount: \$
Estimated Start Date:	Estimated End Date:
Project Description:	

**Jobsite Information**

Site Phone:	Email:
Fax:	Jobsite Labor Rep:
Project Manager:	Jobsite Safety Rep:
Job Superintendent:	Workforce Ordered By:

**Jobsite Scheduling Information**

Number of Shifts:	Start / Stop Times:
Pay Day:	Ending Day of Pay Period:

**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:

<b>Heavy Equipment to Be Utilized on Job</b>	<b>By Contractor</b>
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**Project Craft Workforce Estimate**

<b>Craft</b>	<b>Workforce needed for Project</b>



**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:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number: