

Citywide Project Labor Agreement (PLA) Pre-Job Conference Form

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: F		Fax:	X:			
Prime Contractor's License Number:						
DBE Status: □ Yes □ No		DBE	BE Certifying Agency:			
PLA Pre Job Conference Meeting Information						
Date & Time:						
Location:						
General Contract Information						
Contract Name:						
Project Address:						
City Contract No:			Contract Award Amount: \$			
Estimated Start Date:			Estimated End Date:			
Project Description:						

Jobsite	e Information		
Site Phone:	Email:		
Fax:	Jobsite Labor Rep:		
Project Manager:	Jobsite Safety Rep:		
Job Superintendent:	Workforce Ordered By:		
Jobsite Schedu	ıling 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:			
Heavy Equipment to Be Utilized on Job	By Contractor		
Project Craft Wo	orkforce Estimate		
Craft	Workforce needed for Project		
Sample: Widget Installer	5		
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Contractor Jurisdictional Work Assignments

As required by PLA Article 8, Section 8.1, 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	<u>Union OR</u> <u>Non-</u> <u>Union</u>	<u>DBE or</u> <u>Non</u> DBE	<u>Union Work</u> <u>Assignment (Local</u> #)		
SAMPLE: ABC Contractor	Widget Installation	Union	DBE	Widget Installation		

Subcontractor Information – Comp	lete 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:		