



Project Labor Agreement

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: | 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 Contract Information | |
| Contract 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: | |
| Heavy Equipment to Be Utilized on Job | By Contractor |
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| Project Craft Workforce Estimate | |
| Craft | Workforce needed for Project |
| Sample: Widget Installer | 5 |
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Subcontractor Information – Complete or Attach Subcontractor Listing

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|-----------------------|----------------------------|
| 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: |