



Project Labor Agreement Pre-Job Conference Form

Project Information	
Project Name:	
Specification Number:	Contract Number:
Contract Award Amount:	Pre-Job Conf. Date & Time:
Estimated Start Date:	Conference Location:
Estimated End Date:	

General Contractor Information	
Prime Contractor:	
Address:	
Phone:	
Email:	Fax:
Prime Contractor's License Number:	

Project Description

Heavy Equipment to Be Utilized on Job

Jobsite Information	
Project Address:	
Site Phone:	Email:
Fax:	Jobsite Labor Rep:
Project Manager:	Jobsite Safety Rep:
Job Superintendent:	Manpower 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:

Contractor Jurisdictional Work Assignments

As required by PLA Article XV, 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 XV.

Jurisdictional Work Assignments

[illegible]

Subcontractor Information – Complete or Attach Subcontractor Listing

Subcontractor Name:

Type/Scope of Work:

Address:

Start Date:

End Date:

Contact Person:

Phone:

Email:

Contractor License Number:

Subcontractor Name:

Type/Scope of Work:

Address:

Start Date:

End Date:

Contact Person:

Phone:

Email:

Contractor License Number:

Subcontractor Name:

Type/Scope of Work:

Address:

Start Date:

End Date:

Contact Person:

Phone:

Email:

Contractor License Number:

Subcontractor Name:

Type/Scope of Work:

Address:

Start Date:

End Date:

Contact Person:

Phone:

Email:

Contractor License Number:

Subcontractor Name:

Type/Scope of Work:

Address:

Start Date:

End Date:

Contact Person:

Phone:

Email:

Contractor License Number: