

Welder "B" Pressure w/ Rig	\$85.50	\$86.50	\$87.75	\$89.00
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APPENDIX 3

PRE-JOB REPORT

Date:	_____		
Contractor:	_____		
Contract Between:	_____	and	_____
Contract Number:	_____	Area & Plant:	_____

JOB DESCRIPTION

GENERAL INFORMATION	
Start Date	_____ End Date _____
Rotation (Start/End Date)	_____ Payday _____
Normal Shift Cycle (e.g. 10/4)	_____ Direct Deposit Y/N _____
Normal Shift Hours	_____ Normal Quitting Times _____
Overtime Distribution as per Agreement (Y/N)	_____ If No, attach details
Overtime % for Selected Shift Cycle(s)	_____
Overtime Distribution each Day	_____
Shift Cycle Agreement Reference(s) or attach details	
Unscheduled Overtime Rate	_____
Mark-Up Required? (Y/N)	_____ Attached (Yes, No, N/A) _____

FIRST AID AND SAFETY PROVISIONS		
Location of first aid facilities	_____	
First aid attendant on site? (Y/N)	_____	
Nearest Doctor	_____	
Nearest Hospital	_____	
Ambulance service provided (Y/N)	_____	
OSSA Requirements Met	Yes	No
	<i>Comments:</i>	
Contractor Provides:	Yes	No
	<i>Notes</i>	
Hard Hat		
Eye Protection		
Safety Equipment		
Protective Clothing		

Copy of safety program provided? (Y/N)	_____	
Frequency of safety meetings	_____	
Smoking Rules _____	Designated Smoking areas	_____

DRUG AND ALCOHOL TESTING	
Drug and Alcohol testing program Administrator	_____
Program Compliance with "Canadian Model" (Y/N & Year)	_____
- Pre-Access Testing	_____
- RSAP	_____
If NO, attach your Drug and Alcohol policy	_____

SUB-CONTRACTORS		
Company Name	Contact Name	Contact Number
For more sub-contractors use another Pre-Job Conference Report form		

CONTRACTOR REPRESENTATIVES (INCLUDE PHONE NUMBERS)		
Contractor Position	Name	Phone number
Project Manager		
Superintendent		
Superintendent		
Superintendent		
Office Manager		
Lead Safety Representative		
Labour Relations Representative		
General Foreman		
General Foreman		

UNION REPRESENTATIVES AND JOB STEWARDS (INCLUDE PHONE NUMBERS)		
Union Position	Name	Phone Number
Union Representative		
Union Representative		
Union Representative		
Job Steward		
Job Steward		
Job Steward		
Job Steward		

ACCOMMODATION AND TRAVEL	
Camp	Accommodation Requested (Y/N & Location) _____
	L.O.A (Y/N & Rate, See Note 1) _____
Transportation	Bus (Y/N & Location) _____
	On Site Bus Transportation (Y/N, See Note 2) _____
	Air Transportation (Y/N & Rotation) _____
	If YES, attach the Transportation Authorization Form
Notes:	1. Construction Trades not eligible for Living Out Allowance unless approved in writing 2. On-site Bussing Mandatory

PREMIUMS AND BONUS PROGRAM								
	Premium			Accommodation (on or off site)			Transportation	
General Foreman								
Foreman								
Lead Hand	CWB Welder	Alloy Welder	First Aid w/ CPR	Safety Bonus	Dual Ticket	CSO	LSE	Night Shift
Bonus Program (Y/N) _____ If YES, details to be attached								
Other forms of Compensation (Y/N) _____ If YES, details to be attached								

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DSP/SUBCONTRACTED TRADES		
Trade	Rate	Effective Date of Rate
Remittances	Union Dues _____	
	RSP _____	
	H&W _____	

TEMPORARY FOREIGN WORKERS	
Permits Received (Y/N) _____	If YES, date forecast to be on Site: _____

COMMENTS	_____ _____ _____ _____ _____
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Dated this _____ day of _____, 20 _____

SIGNED BY			
Organization	Signature	Print Name	Title
Contractor			
Union			
HCML (Reviewed & Accepted)			

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LABOUR REQUIREMENTS

Trade	Start Date	Start #'s	Peak Date	Peak #'s	Finish Date	Finish #'s
Apprentices						
Boilermakers						
Bricklayers						
Carpenters						
Cement Masons						
Drywall Tapers						
Electrical Workers						
Elevator Constructors						
Glass Workers						
Insulators						
Ironworkers						
Labourers						
Millwrights						
NDT workers						
Operating Engineers						
Painters						
Plasters						
Plumbers and Pipefitters						
Refrigeration Mechanics						
Roofers						
Sheet Metal Workers						
Sheeters, Cladders and Deckers						
Sprinkler Fitters						
Surveyors/Chain Men						
Teamsters						
Scaffolders						
Welder – Journeyman						
Welder – CWB						
Welder – 'B' Pressure						

Welder – W-Rig						
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