

Los Angeles World Airports Project Labor Agreement (PLA) Pre-Job Conference Form



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

Project Information	Meeting Information
Project Name:	Meeting Date:
Contract Number:	Meeting Time:
Contract Amount:	Meeting Location:
Construction Start Date:	
Construction End Date:	

The Scope of Work to Be Performed

Jobsite Information	
Address:	
Phone:	Jobsite Labor Rep:
Fax:	Jobsite Safety Rep:
Project Manager:	Manpower to be Ordered By:
Job Superintendent:	

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:
Address:
Phone Number:

Manpower Estimates		
<u>Craft</u>	<u>Peak</u>	<u>Average</u>
Asbestos Heat & Frost Insulators Local 5		
Boilermakers Local 92		
Bricklayers Local 4		
Cement Mason Local 600		
Electricians - IBEW Local 11		
Elevator Constructors Local 18		
Iron Workers Local 416 & 433		
Glaziers Local 636		
Laborers Local 300		
Millwrights		
Operating Engineering Local 12		
Painters & Allied Trades Local 36		
Pipefitters / Plumbers / U.A. Local 250, 761, 709 & 345		
Plasterers Local 200		
Roofers/ Water-proofers Local 36		
Teamsters Local 420		
Sheet Metal Local 108		
Southwest Regional Council of Carpenters – Local 409		
Southwest Regional Council of Carpenters – Local 721		

Subcontractors to Be Utilized

Subcontractor Name:	
Type/Scope of Work:	
Address:	
Phone Number:	License Number:
Estimated Starting Date:	Estimated Ending Date:
Manpower to Be Order By:	
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Phone Number:	License Number:
Estimated Starting Date:	Estimated Ending Date:
Manpower to Be Order By:	
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Phone Number:	License Number:
Estimated Starting Date:	Estimated Ending Date:
Manpower to Be Order By:	
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Phone Number:	License Number:
Estimated Starting Date:	Estimated Ending Date:
Manpower to Be Order By:	
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Phone Number:	License Number:
Estimated Starting Date:	Estimated Ending Date:
Manpower to Be Order By:	

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Subcontractor Name:	
Type/Scope of Work:	
Address:	
Phone Number:	License Number:
Estimated Starting Date:	Estimated Ending Date:
Manpower to Be Order By:	
Subcontractor Name:	
Type/Scope of Work:	
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Type/Scope of Work:	
Address:	
Phone Number:	License Number:
Estimated Starting Date:	Estimated Ending Date:
Manpower to Be Order By:	

Vendors to Be Utilized

Vendor Name:	
Type of Supply:	
Address:	
Phone Number:	License Number:
Vendor Name:	
Type of Supply:	
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