**Los Angeles World Airports**

**Project Labor Agreement (PLA)**

**Pre-Job Conference Form**



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| **General Contractor Information** |
| Prime Contractor: |
| Address: |
| Phone: |
| Fax: |
| Contractor’s License Number: |

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

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| **The Scope of Work to Be Performed** |
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| **Equipment to Be Utilized on Job** |
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| **Jobsite Information** |
| Address: |
| Phone/Fax: |
| Project Manager & Cell #: |
| Job Superintendent & Cell #: |
| Jobsite Labor Rep & Cell #: |
| Jobsite Safety Rep & Cell #: |
| Manpower to be Ordered by: |

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| **Jobsite Scheduling Information** |
| Number of Shifts: | Start / Stop Times: |
| Pay Day: | Ending Day of Pay Period: |

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| **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: |

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| **Manpower Estimates** |
| *Craft* | *Peak* | *Average* |
| Asbestos Heat & Frost Insulators #5 |  |  |
| Boilermakers Local 92 |  |  |
| Bricklayers Local 4 |  |  |
| Carpenters – Local 661 (213/562) |  |  |
| Cement Mason Local 600 |  |  |
| Electricians - IBEW Local 11 |  |  |
| Elevator Constructors Local 18 |  |  |
| Iron Workers Local 416 |  |  |
| Iron Workers Local 433 |  |  |
| Laborers Local 300 |  |  |
| Laborers Local 1184 (Striping and Horizontal Drilling) |  |  |
| Millwrights – Local 1607 |  |  |
| Operating Engineering Local 12 |  |  |
| Painters & Allied Trades DC 36 (Glaziers #636, Sign & Display #831, Painters #1036, Drywall Finishers #1136, Resilient Flooring #1247) |  |  |
| Pipefitters / Plumbers / U.A.Local 250, 761, 709 & 345 |  |  |
| Plasterers Local 200 |  |  |
| Plasterer Tenders Local 1414 |  |  |
| Roofers/ Water-proofers Local 36 |  |  |
| Teamsters Local 420 |  |  |
| Sheet Metal Local 105 |  |  |

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| **Jurisdictional Assignments** |
| 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 between parties to the PLA shall be settled and adjusted according the “Plan” or any other plan or method of procedure that may be adopted in the future by the Building and Construction Trades Department.Any craft in disagreement with work assignments may submit written documentation to justify their claim to the work involved. The contractors will review all responses, if any. After the review, the contractor(s) shall make all assignment permanent. Any craft who has a disagreement with these final assignment(s) may file a jurisdictional dispute consistent with Article 8, Work Assignments and Disputes of the Project Labor Agreement. |
| **Work Assignments** |
| *Contractor Name* | *Scope of Work* | *Work Assignment* |
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| **Subcontractors to Be Utilized** |
| Subcontractor Name: |
| Type/Scope of Work: |
| Address: |
| Phone Number:  | License Number: |
| Estimated Starting Date: | Estimated Ending Date: |
| Manpower to Be Ordered By: | Email: |
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| Subcontractor Name: |
| Type/Scope of Work: |
| Address: |
| Phone Number:  | License Number: |
| Estimated Starting Date: | Estimated Ending Date: |
| Manpower to Be Ordered By: | Email: |
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| Subcontractor Name: |
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| Type/Scope of Work: |
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| Phone Number:  | License Number: |
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| Manpower to Be Ordered By: | Email: |
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| Address: |
| Phone Number:  | License Number: |
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| Manpower to Be Ordered By: | Email: |

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| Manpower to Be Ordered By: | Email: |
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| Subcontractor Name: |
| Type/Scope of Work: |
| Address: |
| Phone Number:  | License Number: |
| Estimated Starting Date: | Estimated Ending Date: |
| Manpower to Be Ordered By: | Email: |
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| Subcontractor Name: |
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| Phone Number:  | License Number: |
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| Estimated Starting Date: | Estimated Ending Date: |
| Manpower to Be Ordered By: | Email: |
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| **Vendors to Be Utilized** |
| Vendor Name: |
| Type of Supply: |
| Address: |
| Phone Number:  | License Number: |
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| Type of Supply: |
| Address: |
| Phone Number:  | License Number: |
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