



UA Local 527 Job Dispatch Form

NAME OF CONTRACTOR _____

JOB LOCATION (Including Cross Streets) _____

DESCRIPTION OF WORK _____

Date Sent to Union Hall
DATE _____
TIME _____
Office Use Only Job # _____

REPORT TO: _____

START DATE _____ START TIME _____

LENGTH OF JOB _____ HOURS OF WORK _____

ALL MEMBERS REQUIRE - WHIMIS FALL PROTECTION

Men Required

Trade	Number of Men (Including Referred)	Tickets Required (Please use codes on back of this sheet)
<input type="checkbox"/> PLUMBER	<input type="text"/>	MEN REFERRED: NAME TRADE _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> STEAMFITTER	<input type="text"/>	
<input type="checkbox"/> WELDER	<input type="text"/>	
<input type="checkbox"/> PIPEFITTER	<input type="text"/>	
<input type="checkbox"/> APPRENTICE -PLB TERM _____	<input type="text"/>	
<input type="checkbox"/> APPRENTICE - SF TERM _____	<input type="text"/>	
<input type="checkbox"/> METAL TRADES	<input type="text"/>	

Company Rep _____
(Please Print Name)

Signature _____