

Los Angeles Unified School District Project Stabilization Agreement (PSA) 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

Equipment to Be Utilized on Job

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>
Boilermakers		
Bricklayers		
Carpenters		
Cement Mason		
Electricians		
Elevator Constructors		
Heat and Frost Insulators		
Iron Workers		
Laborers		
Millwrights		
Operating Engineering		
Painters		
Pipefitters / Plumbers / U.A.		
Plasterers		
Roofers		
Teamsters		
Tile / Marble / Terrazzo		
Sheet Metal		

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:	

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:	