

**FORM TO BE FILLED OUT MONTHLY BY FOREMAN OR SUPERVISOR
AND FAXED TO THE LOCAL UNION HALL PER THE COLLECTIVE
BARGAINING AGREEMENT.**

NAME OF JOB: _____

JOB ADDRESS: _____

COUNTY: _____

PLUMBING CONTRACTOR: _____

GENERAL CONTRACTOR _____

JOB PHONE # _____ **JOB FAX #** _____

DATE JOB STARTED _____ **PERCENTAGE COMPLETED** _____

MAXIMUM OF MEN AT SCALE OR BETTER: _____

DATE OF MAXIMUM OF MEN ON JOB DURING THE MONTH _____

APPROXIMATE COST OF GENERAL CONTRACT; _____

FOREMAN'S NAME (PRINT): _____

ADDITIONAL COMMENTS: _____

Foreman's Signature

Date

Fax to Plumbers Local No. 5 at (301) 899-7868 on the first of each calendar month.