



# WORKFORCE REQUEST FORM

United Association Local 488

Email: dispatch@local488.ca

Ph: (780) 452-7080

www.Local488.ca



## WorkForce Job Information

Contractor Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Ordered By (All names listed will receive copies of job slips)

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Requisition / Order Number**      **Report to (Site Contact)**      **Site Contact's Information**

\_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

**Jobsite and Location**      **Orientation**      **Shift Type / Time**

Jobsite: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_ Dayshift: \_\_\_\_\_ Nightshift: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_ Shift Start Time: \_\_\_\_\_

**Work Schedule and Hours of Work**      **Project**      **Duration**      **TAP Protocol**

Schedule: \_\_\_\_\_ Yes      No      Tap Details

Hours: \_\_\_\_\_

**Camp**      **Flights**      **LOA**

Yes      No      Camp Information: \_\_\_\_\_ Yes      No      Flight Information: \_\_\_\_\_ Yes      No      LOA Information: \_\_\_\_\_

\_\_\_\_\_

**Busing**      **Weld Testing**      **Pre-Access A&D Testing**

Yes      No      Busing Information: \_\_\_\_\_ **Test Location:** Site      Shop      Local 488      Yes      No      Access Code: \_\_\_\_\_

\_\_\_\_\_ **Weld Test Location:** \_\_\_\_\_ Contact Name: \_\_\_\_\_

\_\_\_\_\_ \* Ensure Weld Test Request and WPS Is Attached      Contact Number: \_\_\_\_\_

### SAFETY PREREQUISITES, QUALIFICATIONS, AND SITE SPECIFIC REQUIREMENTS - Check all that apply

CSTS - 09	OSSA / ESC Confined Space	Long Sleeves Required	Climbing
CSTS - 2020	OSSA / ESC Fall Protection	Direct Deposit	Clean Shaven
PCST	SCBA / SABA - Contractor Supplied	Online Orientation	<b>Agreement Type</b>
WHMIS 2015	Fectoggles / Monogoggles	On Site Orientation	Commercial
OSSA Regional	1/2 Mask - 3M 6000	CSA Approved Work Boots	Industrial
CSO / BSO	1/2 Mask - North 7700	Defined Heel Work Boots	G.P.M.A
EWP / AWP	Full Face Fit Test	Government ID	N.M.A
RSAP Accepted	Must book fit test if on RSAP	Driver's License	Other:

### OTHER REQUIREMENTS NOT LISTED ABOVE INCLUDING WELDING TICKET SPECIFICATIONS

\_\_\_\_\_

Name / Manpower #	Trade	Level	Additional Info	List Hire	Name Hire

### ADDITIONAL COMMENTS OR INFORMATION

\_\_\_\_\_

TOTAL NAME HIRE / TRANSFER

\_\_\_\_\_

TOTAL LIST HIRES

\_\_\_\_\_

TOTAL

\_\_\_\_\_