

UA LOCAL 26

Pre-job Notification Form

MCA Labor Management Agreement

Subsection 21.9

The Employer shall notify Local 26 of all contract awards in excess of one million dollars in mechanical scope and at the request of Local 26 shall agree to schedule a pre job conference to discuss the scope of work and job assignments for the project.



Start Date: _____

Completion Date: _____

Contractor Name: _____

Project Name: _____

Pre job Meeting
Location: _____ Date: _____

Project Description: _____

Project Location: _____

Project Value: _____ Mechanical Value: _____

26 Work Recovery Yes ☐ No ☐ Dollar Amount _____

Man Hours _____

Work Recovery Job # _____ Dollars per hour _____

PROJECT/PROCUREMENT DETAIL

☐ Public (Prevailing Wage)

☐ Private

☐ Lump Sum (Plan/Spec)

☐ Lump Sum (Plan/Spec)

☐ GCCM ☐ Lump Sum (Plan/Spec)

☐ Design-Build

☐ MCCM

☐ Design-Assist

☐ Design-Build

☐ Other:

☐ Energy

☐ PLA/CWA

☐ Other:

General Contractor: _____

Address: _____ Phone #: _____

Local Contractor: ☐ National Contractor: ☐ AGC ☐ UNION ☐



General
Contractor

Project

Superintendent: _____ Job Ph #: _____

Mechanical
Contractor: _____

Plumbing
Contractor: _____

Phone #: _____

Fax #: _____

Project Manager / _____

Phone #: _____

Contractor
representative
responsible for
terminations: _____

Phone #: _____

Plumbing Foreman: _____ FOM ☐
Local ☒

Phone #: _____

Pipe-Fitting
Foreman: _____ FOM ☐
Local ☒

Phone #: _____

Steward: _____ Phone #: _____

Freedom of Movement ☐ Yes ☐ No ***Limit 2 total***

Work Hours: _____

Shift Work:

Overtime: ☐ Yes ☐ No ☐ As Needed

☐ Day
☐ Swing
☐ Graveyard

Travel: ☐ Yes ☐ No

Per Diem: ☐ Yes ☐ No

Parking: _____

Rate/Location _____



Substance Abuse Test: ☐ Yes ☐ No ☐ Randomized

		<u>UNION</u>			
	Sub	Yes	No	Contractor	
Insulation Contractor:	☐	☐	☐	Name:	_____
Fire-Stopping Contractor:	☐	☐	☐	Name:	_____
Fire Protection Contractor:	☐	☐	☐	Name:	_____
Core Drilling Contractor:	☐	☐	☐	Name:	_____
Controls Contractor:	☐	☐	☐	Name:	_____
Electrical Contractor:	☐	☐	☐	Name:	_____
Sheet Metal Contractor:	☐	☐	☐	Name:	_____

Equipment Vendor/
Contractors/Suppliers:

Company Name:

Description:



GENERAL SCOPE OF WORK AND HOURS BID

Mechanical:

Hours Bid: _____

Job Description:

Please be as descriptive as possible.

Plumbing:

Hours Bid: _____

Job Description:

Please be as descriptive as possible.



Pre-job Notification Form continued

General Schedule and Major Milestones:

Notes:

NEW HIRES:

Plumber/Appr

 /

Fitter/Appr

 /

Refrigeration/Appr

 /

Welder

Anticipated Manpower Curve

Month												
Plumber												
Fitter												
Refrigeration												
Welder												

Month												
Plumber												
Fitter												
Refrigeration												
Welder												



Weld Certs Required: N/A WABO UA 1 UA 21 OTHER

☐ ☐ ☐ ☐ ☐ _____

Safety Plan/Hazard
Plan (Anything New or
Unusual) _____

Anything Unique to
This Job, i.e., Parking,
Conditions, Location,
etc.: _____

Required Jobsite
Specific Certifications:

OSHA 10
☐

OSHA 30
☐

MED GAS
☐

BACK
FLOW
☐

FIRST
AID
☐

RIGGING/
SIGNALING
☐

20 HOUR
RSO
☐

BOOM
TRUCK
☐

DETAILING
☐

TWIC
☐

FORKLIFT
☐

CDL
☐

ELECTRICAL
LICENSE
☐

OTHER:
☐

(please specify):

Go Over Helper Section: YES NO N/A

☐ ☐ ☐



PLUMBER

Backing & Accessories:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Kitchen Equipment/Appliances:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Handling & Distribution of Plumbing Fixtures:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Swimming Pools, Fountains, Water Features:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Sub Footing Drainage:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Natural Gas:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Composite Lab Sinks:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Temporary Water & Drainage	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Irrigation:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Beverage Piping (Installed Inside Conduit):	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Med Gas:	Yes ☐	No ☐	N/A ☐	If no, Who? _____
Outside Utilities:	Yes ☐	No ☐	N/A ☐	If no, Who? _____

PLUMBER



Rain-Water Catchment:	Yes ☐	No ☐	N/A ☐	If no, Who?	_____
Water Reuse:	Yes ☐	No ☐	N/A ☐	If no, Who?	_____
FARS- Fire Air:	Yes ☐	No ☐	N/A ☐	If no, Who?	_____
_____:	Yes ☐	No ☐	N/A ☐	If no, Who?	_____
_____:	Yes ☐	No ☐	N/A ☐	If no, Who?	_____
_____:	Yes ☐	No ☐	N/A ☐	If no, Who?	_____
_____:	Yes ☐	No ☐	N/A ☐	If no, Who?	_____

MECHANICAL



Temporary Heating/Cooling
Boiler and Hydronic Hoses:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

Hydronic Piping:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

Steam & Condensate:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

Generator Exhaust:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

Fuel Oil Piping

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

VAV Boxes, Chilled Beams,
FCU's and Heat Pumps:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

VESDA & Smoke Detection
Piping:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

Pneumatic Messenger
Tubing/Piping:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

Compressed Air:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

Equipment Bases:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

Fume Hoods:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

MRI Quench Vent:

YES
☐

NO
☐

N/A
☐

If no,
Who? _____

MECHANICAL



Natural Gas: YES ☐ NO ☐ N/A ☐ If no, Who? _____

Fusion Piping: YES ☐ NO ☐ N/A ☐ If no, Who? _____

Startup/
Balancing/Commissioning: YES ☐ NO ☐ N/A ☐ If no, Who? _____

Controls & Cabling: YES ☐ NO ☐ N/A ☐ If no, Who? _____

HVAC & Heat Pumps: YES ☐ NO ☐ N/A ☐ If no, Who? _____

Walk in Boxes: YES ☐ NO ☐ N/A ☐ If no, Who? _____

Split System A/C Piping: YES ☐ NO ☐ N/A ☐ If no, Who? _____

Server Room/A/C Piping: YES ☐ NO ☐ N/A ☐ If no, Who? _____

Refrigeration Cases and
Fixtures: YES ☐ NO ☐ N/A ☐ If no, Who? _____

VRF Piping and
Equipment: YES ☐ NO ☐ N/A ☐ If no, Who? _____

YES ☐ NO ☐ N/A ☐ If no, Who? _____

YES ☐ NO ☐ N/A ☐ If no, Who? _____

UA SCOPE OF WORK



Sterilizers, Cage Washers
& Biohazard Cabinets:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Laundry Equipment:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

UA Rigging Work,
Taglines, Signaling
Cranes:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Material Handling:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Part Time Forklift – Boom
Truck:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Demolition of UA
Piping/Cut and Cap:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Tie into Existing Piping:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Prefab of UA Work –
Verify Bug #:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Pipe Labeling:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Specialty Gas Umbilicals:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Equipment Setting:

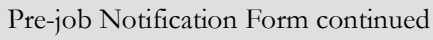
YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

Hangers and Supports for
Indoor & Outdoor
Equipment:

YES **NO** **N/A**
☐ ☐ ☐

If no,
Who? _____

[illegible]