



BOILERMAKERS LODGE 146 JOB STEWARD REPORT

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REPORT MUST BE SUBMITTED TO QUALIFY FOR MONTHLY DUES REBATE.

ASSIGNMENT START DATE:	MM/DD/YYYY	END DATE:	MM/DD/YYYY
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JOB STEWARDS INFORMATION

NAME		REGISTRATION #	
EMPLOYER			
JOB SITE		PROJECT	

This report is for the month of: January February March April May June
 July August September October November December

PLEASE EXCUSE ME FROM THE _____ (month) MEETING.

# RIGGERS/FITTERS		# WELDERS		# APPRENTICES		# TRANSFERS	
# TRAVEL CARDS		# PERMITS		# RETIRED MEMBERS		# NAME HIRES	

SUPERVISION (Name & Position)

1.	5.
2.	6.
3.	7.
4.	8.

WORK DETAILS

PROJECT DURATION	# OF DAYS		TYPE OF WORK
SHIFT (<input checked="" type="checkbox"/>)	<input type="checkbox"/> DAYS	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS
PERCENTAGE OF WELD REPAIRS _____%			
WERE THERE ISSUES WITH ABSENTEEISM ON THE PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS THERE ANY SIGNIFICANT REWORK ON THE PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOU ANSWERED YES, WHAT WAS THE CAUSE(S) OF THE REWORK?			
COLLECTIVE AGREEMENT: <input type="checkbox"/> BCA <input type="checkbox"/> NMA <input type="checkbox"/> GPMA <input type="checkbox"/> PLA <input type="checkbox"/> SHOP _____ <input type="checkbox"/> OTHER _____			

COMMENTS/DISPUTED

SAFETY REPORT

IS THIS RECORD FOR A WEEKLY SAFETY MEETING?	YES	NO
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MEETING CHAIRED BY		# OF INCIDENTS		# OF ACCIDENTS	
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PLEASE DESCRIBE THE NATURE OF INCIDENTS/ACCIDENTS:

ADDITIONAL COMMENTS:

PLEASE LIST HOT TOPICS ON SITE

1.
2.
3.
4.
5.

DATE: MM/DD/YYYY		
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JOB STEWARD'S SIGNATURE

AREA REPRESENTATIVE SIGNATURE