



# BOILERMAKERS LODGE 146 JOB STEWARD REPORT

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**Reports must be submitted to qualify for rebate. One report per one rebate.**

ASSIGNMENT START DATE:	MM/DD/YYYY	END DATE:	MM/DD/YYYY
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**JOB STEWARD INFORMATION**

NAME		REGISTRATION #	
EMPLOYER			
JOB SITE		PROJECT	

THIS REPORT IS  JANUARY  FEBRUARY  MARCH  APRIL  MAY  JUNE  
 FOR THE MONTH OF:  JULY  AUGUST  SEPTEMBER  OCTOBER  NOVEMBER  DECEMBER

PLEASE EXCUSE ME FROM THE \_\_\_\_\_ (MONTH) MEETING.

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

**SUPERVISION (NAME & POSITION)**

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

**WORK DETAILS**

PROJECT DURATION: # OF DAYS		TYPE OF WORK	
SHIFT <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"/> ABMA <input type="checkbox"/> GPMA <input type="checkbox"/> SHOP _____ <input type="checkbox"/> OTHER _____			

COMMENTS/DISPUTED


SAFETY REPORT

IS THIS RECORD FOR A WEEKLY SAFETY MEETING?	YES	NO	
MEETING CHAIRED BY	# OF INCIDENTS	# OF ACCIDENTS	
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 SIGNATURE

AREA REPRESENTATIVE SIGNATURE