

Work Order - Insulators Local 110

Cut Off for receipt of NON-EMERGENCY Work Orders is 4:00 P.M.

**After This Work Order has been Faxed to the Union Office, PLEASE TELEPHONE
(780) 426-2874 to Confirm It Has Been Received Dispatch email: dispatch@insulators110.com**

Order Date	Aug 20/26	Order time	2:00 PM
Order Placed By	Matt Hage	Report to Whom	Matt Hage
Company Name	AlumaSafway	Location of Project	Suncor EDM
Job Steward's Name	Chris Trevors		

Number of Journeymen you want (not including Name Hires and Recalls) _____

<i>Number of Apprentices you want (not including Name Hires and Recalls)</i>	4
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<i>Orientation Training Date(s)</i>	Read Instruction	<i>Reporting Time</i>	Read Instruction
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<i>Work Starting Date</i>	<u>Sept 7/26</u>	<i>Reporting Time</i>	<u>7:30 A.M.</u>
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<i>Expected Hours of Work</i>	6-10's	<i>Expected Length of Job</i>	2 Week+
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Shift Day Shift *Site/Project Ratio Correct?* Yes ☐ No ☐
2 mechanics to 1 apprentice

Type of Work Shut Down Asbestot Ticket Yes ☐ No ☒

<i>Under Terms of what Agreement</i>	NMA
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NMA, GPC, Project agreement Comercial Construction, Industrial Construction or Enabled (Ref Number)

<i>Journeyman's Rate Of Pay</i>	\$52.74	RSAP ACCEPTED
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Special Agreements/ Instructions Valid safety certificates Required ,CSEM,Fall Pro

1/2 & Full Face Fit tested and up to date PFT . Must have own tools. Bring valid government photo .

Must be able to wear half mask and Full face and work at hieghts.

Once A/D results have been received, workers will be contacted in regards to Suncor online

orientation training. Dates, start times and bussing schedules may change due to logistic challenges.

A&D test at _____ DO NOT PROCEED TO WORK WITHOUT CONFIRMATION

OF A NEGATIVE TEST. All payments of wages will go through direct deposit.

Must bring bank account information upon hire. No current AlumaSafway or SUNCOR bans allowed.

Referrals are to be sent to only one fax number or email address to the attention of the

company's Work Order Coordinator: _____

E-mail *Fax*

We can contact the above at this phone number:

Name Hire Requested

Recall

Day, Mark - JM

Moyer, Justin - JM

Patterson, Gloria/ Pancewicz, Marek

Union Use Only

Received By

Date _____

Time