



Iron Workers Weekly Stewards Report

Iron Workers District Council of the Pacific Northwest

International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers



Date ___/___/___

Location of Work: City _____ County _____

Name of Project being Built: _____

Name of Company or Employer: _____

Is this Project being Built for (circle or check one) City ___ County ___ State ___ Military ___ Department of Transportation (DOT) ___ Port ___ School District ___ or Private Works ___

Type of Work being Performed: Structural ___ Reinforcing (Rods or Post-Tensioning) ___ Ornamental Architectural ___ Sheeting ___ Fencing ___ Other _____

Time Shift Starts: _____ A.M. _____ P.M. Type of Shift: 5/8s ___ 4/10s ___ Other _____

Shift Time. If Changed Has the Local Union Been Notified: Yes ___ No ___ Date ___/___/___.

Is This a Market Recovery or Targeted Project: Yes ___ No ___

Name of Company Representative or Foreman _____

How Many Members in Good Standing: _____

How Many Members in Arrears: _____

How Many on Permit: _____

Date of last Safety Meeting: ___/___/___ Items Discussed at Meetings: _____

Anyone Injured on the Job: Yes ___ No ___ Date ___/___/___ Who _____

Was Injury Reported to Employer: Yes ___ No ___ Date Accident Report Filled Out ___/___/___

Type of Injury: _____ Cause of Injury _____

Anyone On the Job Working Lite Duty: Yes ___ No ___ . Whom _____

Are There Any Jurisdictional Problems: Yes ___ No ___ . If Yes With What Craft? _____

When was Business Agent on Job Last or Contacted ___/___/___.

Other Issues: _____

Steward _____ Date Signed ___/___/___