

I.B.E.W. Local Union 69

**1408 North Washington
Suite 210
Dallas, Texas 75204**

**Telephone : 214-821-4700
Fax : 214-821-6906**

CONTRACTOR REPORTING FORM

NAME OF CONTRACTOR: _____

DATE: _____

WORK LOCATION: _____

JOB DESCRIPTION:

CHECK ONE:

UNSAFE WORK (BRIEF DESCRIPTION)

POOR QUALITY OF WORK (BRIEF DESCRIPTION)

PREFORMING WORK NORMALLY PREFORMED BY TXU EMPLOYEES (BRIEF DESCRIPTION)

NAME & LOCATION OF PERSON REPORTING:

