

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_