

LOCAL PRODUCER JOB LOCATION SHEET

PRODUCER : _____

NFG SERVICENTER/LOCATION : _____

DATE : _____

REVIEW PERSON NAME (print) : _____

I CERTIFY THE VERIFICATION INFORMATION IS CORRECT (sign) : _____

	CREW MEMBER NAME	CHECK IF PRIMARY CONTACT NAME	PRIMARY CONTACT CELL PHONE #	JOB INFORMATION (street, town, Specific work description for today)	OQ'S VERIFIED	OSHA REQ. VERIFIED	DRUG & ALCOHOL VERIFIED
CREW OR JOB #1							
CREW OR JOB #2							
CREW OR JOB #3							
CREW OR JOB #4							
CREW OR JOB #5							

NOTE: Job location sheet MUST be faxed to the Servicenter(s) where you are working daily in the morning and the Mechanical Department at (716) 827-5515