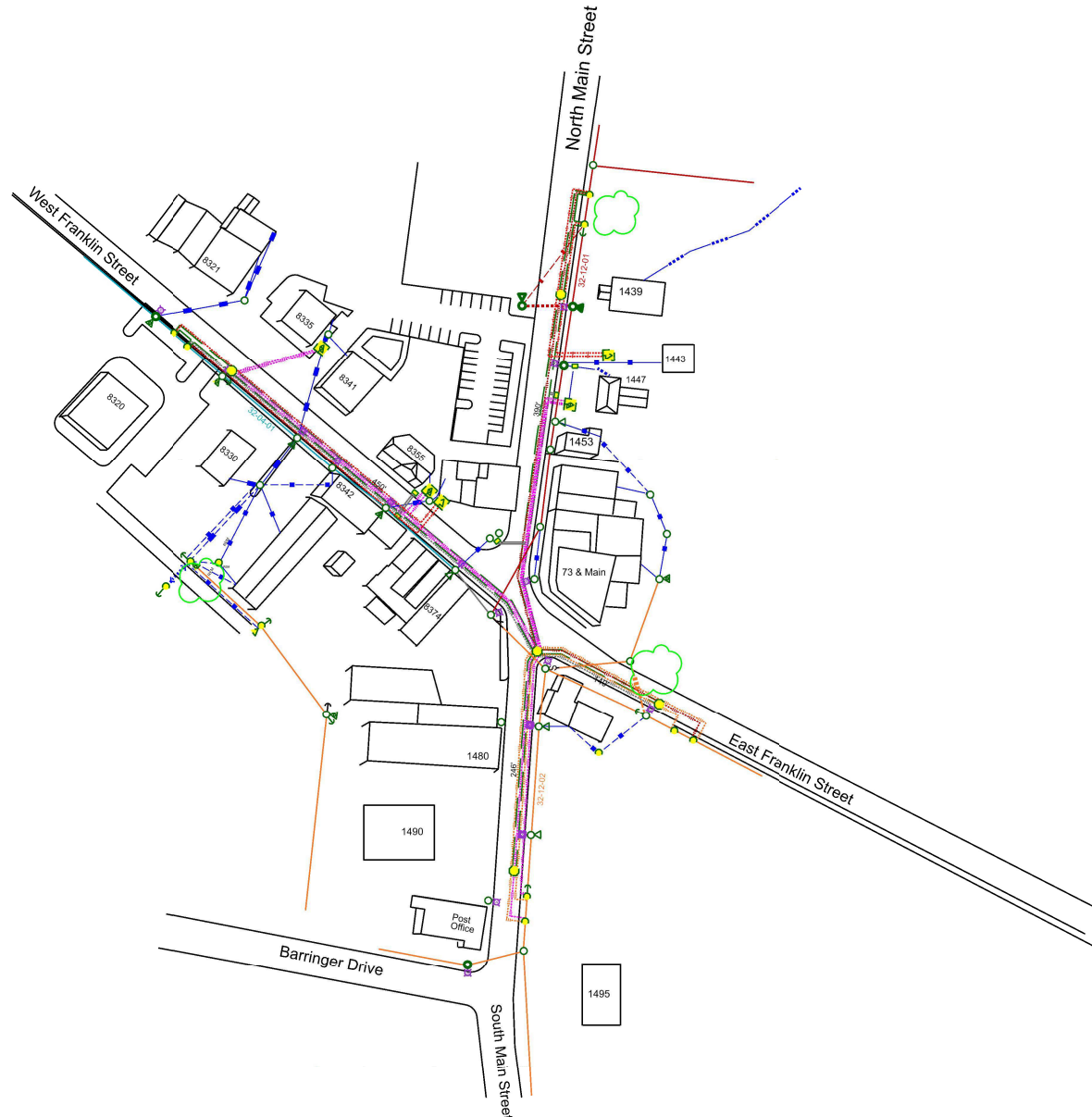




REMEMBER: Work zone area conditions may have changed for this job! Everyone is responsible for verifying the above safety information is correct prior to any work being performed each day.



Work Order Number	_____
Customer/Contact	_____
Contact Phone	_____
Job Site Address	_____
City	_____
County	_____
State, Zip	_____
Designer	Milton Thompson
Designer Phone	704-763-2061
Circuit ID	_____
Primary Voltage	_____
Permit Required	Yes___ No___
Permit Type/No.	_____
Permit Type/No. 2	_____
Permit Type/No. 3	_____
Permit Type/No. 4	_____