

Mutual Assistance Crew Card

Mutual Assistance Utility: _____ Location: _____

Name: _____ Nickname: _____

Classification: _____ Crew Foreman: _____

Pager#: _____ Radio#: _____ Truck#: _____

Cell Phone : _____ Company Issued (circle one)? Yes No
(Be sure to bring a phone charger and provide an ICE (In Case of Emergency) with your contact listing; Example: ICE-Nicole (spouse))

Emergency Contact Name: _____ Phone: _____

Allergies/Special Needs (Food/Medication): _____
(Whether you have a medical condition please fill out the Medical Information Carrier and attach to your hard hat)

T-shirt Size: _____

Paycheck Delivery: Keep as is (circle one)? Yes No If no, change to: _____

**** Be sure to have the following items with you at all times: Driver's License, Medical Card, ID and Emergency Contact Card**

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