



## Quote Request Form (QRF)

All prospective assignment must be approved by JTC prior to any staffing. Please complete this form with as much detail as possible for all prospective assignments. JTC will endeavor to review all prospective assignments within 24 hours, however details of the requested assignment may arise that will extend the review process.

**Date:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_  
(name & company)

**Customer Company Name:** \_\_\_\_\_

**Customer Address:** \_\_\_\_\_

**Worksite Address:** \_\_\_\_\_

**The overall scope of project or contract working on:**  
\_\_\_\_\_  
\_\_\_\_\_

**Position Title and Job Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*check all that apply*  Residential  Commercial  Industrial  Marine  Healthcare  Office Environment

**Customer Predominate W/C Class Code:** (if known) \_\_\_\_\_

**Estimated Number of Staffing Services Employees:** \_\_\_\_\_

**Entry Level Pay Range:** \_\_\_\_\_ **Skill Level Pay range:** \_\_\_\_\_

**Estimated Started Date:** \_\_\_\_\_ **Estimated Weekly Hours:** \_\_\_\_\_

**Estimated Contract Duration:** \_\_\_\_\_

**Any unusual risks, tasks or potential hazards:**  Airborne Exposures  Respiratory Protection req'd  
 Excessive Noise  Excessive Lifting (weight) \_\_\_\_\_ lbs  Other \_\_\_\_\_

**Any Personal Protective Equipment (PPE) required:**  
 Safety Glasses  Gloves  Hardhat  Harnesses  Safety Boots  Earplugs  Other \_\_\_\_\_

**Check all that apply below:**  
 Working above ground level - If checked, approximate height above? \_\_\_\_\_  
 Using Ladder higher than 6'  Using scaffolding higher than 6'  Operating Bucket/Boom/Scissor Lift or Truck  
 Working below ground level - If checked, describe: \_\_\_\_\_  
 Operation of Client Company Vehicles  Operation of Client Company Heavy Equipment  
 Client has Safety Program in Place  Client has Mandatory Safety Orientations

<b>Notes:</b>	
---------------	--