



**CONTRACTOR AGREEMENT**

**PERSONAL INFORMATION**

**NOTE: TO BE PAID → ALL 13 PAGES MUST BE LEGIBLE & COMPLETE!**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ *(must match name on ID)*

\*ADDRESS: \_\_\_\_\_ \*APT.: \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP CODE: \_\_\_\_\_

*\*Check(s) will be mailed to this address, so be sure address is correct!*

*\*Please attach copy of your Legal Picture ID (make copy & text to (225) 978-9081)!*

*Check this box if you prefer to pick up your check each week.*

NICKNAME: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

PHONE: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

E MAIL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_-\_\_\_\_-\_\_\_\_ BIRTH DATE: \_\_/\_\_/\_\_ AGE: \_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

RELATION: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

<b>(Administrative Staff   Office Use Only)</b>					
APP. RECEIVED   HIRED BY:		Info Entered into CEU & PAY systems			
		PAY Entry	___/___/___	BY:	
Employee ID: #		CEU Entry	___/___/___	BY:	
*Added to NVR_Mail_Cks List? Yes <input type="checkbox"/> No <input type="checkbox"/>		Agreement Complete? Yes <input type="checkbox"/> No <input type="checkbox"/>		ID Copy Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	



# PHOENIX

Rigging & Productions, LLC

THIS AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between \_\_\_\_\_, whose social security number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and who has a permanent address of \_\_\_\_\_ and whose phone number is (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Hereinafter called the Contractor); and Phoenix Rigging and Productions, LLC., 10136 Florida Boulevard, Baton Rouge, LA 70815 (Hereinafter called Phoenix).

### Witnessed:

WHEREAS, Contractor is, and has been, in the business of providing services as a sole proprietor for the construction of a various civic or entertainment centers, and,

WHEREAS Phoenix has contracts which have the need for such services in the conduct of their business, and,

NOW THEREFORE, the parties do agree and contract to do the following:

1. Phoenix will make work available to Contractor at various times and various locations required by the customers of Phoenix.
2. Contractor shall perform his services at the locations required by the customer and in accordance with the standards and under the supervision of the customer's personnel.
3. Contractor agrees to assume all responsibility for transportation of himself to the site of the customer desiring these services, and further agrees to provide all the tools necessary for him to do his services.
4. Phoenix agrees to pay Contractor a set fee for each customer's job that the Contractor decides to undertake, said amount being determined by job performance.
5. For the purpose of this agreement, a customer's job shall include all calls for work the Contractor agrees to undertake. Failure of a Contractor to complete all aspects of the contracted job shall be considered non-performance and shall entitle Phoenix to withhold all contracted amounts of payment.

6. Contractor agrees that, if Phoenix sells its business, Contractor will not be entitled to participate in the sales proceeds of the sale, in any way.
7. Phoenix reserves the right to ask a Contractor to submit to a drug and/or alcohol test at any time said Contractor is suspected to be under the influence of drugs and/or alcohol. In the case of an on-the-job accident all parties involved will be tested for drugs and/or alcohol. If the test is found to be positive said Contractor will be terminated, and cost of the test will be deducted from said Contractor's last check. If the test is negative Phoenix will be responsible to pay for the test.
8. Phoenix agrees and recognizes that it has no right to control or direct the details, manner or means with which Contractor performs his work. It is the sole responsibility of the customer and customer's supervision to establish the requirements for quality and design of work Contractor is participating in. Phoenix retains only the right to demand professional quality work from the Contractor in whatever task Contractor is engaged.
9. Contractor shall have no obligation to work at any event and shall retain the right to accept or reject work as he or she may choose.
10. Each party shall have the right to cancel the agreement upon thirty (30) days' written notice. Unless canceled, this agreement shall continue from year to year, subject to renegotiation at the close of each year.
11. Contractor is bound by a non-disclosure agreement. Any Crewmember who improperly uses or disclose trade secrets or confidential business information will be subject to use disciplinary action up to and including termination of employment and legal action, even if they do not actually benefit from the disclosed information.
12. Contractor understands and agrees that Phoenix is not under any obligation to and will not withhold any taxes from the fee paid to Contractor for the performance of work, nor is Contractor an employee of Phoenix for unemployment insurance benefits program participation. Phoenix will provide Contractor an IRS form 1099 at end of the year.
13. This agreement shall be construed according to the law of the State of Louisiana.

**X** \_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Phoenix Rigging & Productions, LLC Representative

\_\_\_\_\_

Date

**NOTICE TO ALL CONTRACTORS/EMPLOYEES**

We are committed to providing Worker's Compensation benefits to all Contractors/Employees who sustain an employment-related injury in accordance with Louisiana Law.

If a work-related injury or disability is caused or made worse by a "pre-existing" Condition, PHOENIX RIGGING AND PRODUCTIONS, LLC may be able to seek partial reimbursement of the benefit dollars paid to you, or on your behalf, from the Louisiana Second Injury Fund. Such reimbursement would be made to PHOENIX RIGGING AND PRODUCTIONS, LLC without a reduction in benefits to you.

For PHOENIX RIGGING AND PRODUCTIONS, LLC to be considered for reimbursement from the Second Injury Fund, it must show that it knowingly hired or knowingly retained the Contractors/Employees with a pre-existing disability. To establish this fact, PHOENIX RIGGING AND PRODUCTIONS, LLC requires all Contractors/Employees to complete the attached questionnaire.

The information obtained from the questionnaire will be kept CONFIDENTIAL and will not be made a part of the Contractors/Employees personnel file.

Employee Name (*printed*): \_\_\_\_\_ Male  Female   
*(Please print legibly)*

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # (last 4 digits only): \_\_\_\_\_

Employee Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Employer Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please place a check in the appropriate box next to each medical condition listed below. Each illness or condition requires a Yes (Y) or No (N) answer. For all conditions that you check yes, write a brief explanation on the Explanation Page.

**Disease and Other Medical Conditions** [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

If NONE the following diseases/conditions applies to you, Check this box  N/A

Y N		Y N		Y N		Y N	
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Heart Disease/Heart Attack
<input type="checkbox"/>	Silicosis	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Parkinson's	<input type="checkbox"/>	Congestive Heart Failure
<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	Brain Damage	<input type="checkbox"/>	Vision Loss, one or both eyes
<input type="checkbox"/>	Asbestosis	<input type="checkbox"/>	Post-Traumatic Stress	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Disability from Polio
<input type="checkbox"/>	Hyperinsulinism	<input type="checkbox"/>	Osteomyelitis	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Psychoneurotic Disability
<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	Nervous Disorder	<input type="checkbox"/>	Thrombophlebitis	<input type="checkbox"/>	Ruptured or Herniated Disc
<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	Arteriosclerosis	<input type="checkbox"/>	Ankylosis or Joint Stiffening
<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	Hodgkin's	<input type="checkbox"/>	High/Low Blood Pressure
<input type="checkbox"/>	COPD	<input type="checkbox"/>	Asbestosis	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Carpal Tunnel Syndrome
<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Hyperinsulinism	<input type="checkbox"/>	Double Vision	<input type="checkbox"/>	Compressed Air Sequelae
<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	Mental Disorders	<input type="checkbox"/>	Disease of the Lung
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Coronary Artery Disease
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Sickle Cell Disease	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	Heavy Metal Poisoning

**Surgical Treatment** [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

If NONE the following treatments applies to you, Check this box  N/A

Y|N

Spinal Disc Surgery      Year (approximate if unsure) \_\_\_\_\_

Spinal Fusion Surgery      Year (approximate if unsure) \_\_\_\_\_

Amputated Foot      Left  Right  Year (approx. if unsure) \_\_\_\_\_

Amputated Leg      Left  Right  Year (approx. if unsure) \_\_\_\_\_

Amputated Arm      Left  Right  Year (approx. if unsure) \_\_\_\_\_

Amputated Hand      Left  Right  Year (approx. if unsure) \_\_\_\_\_

Knee Replacement      Left  Right  Year (approx. if unsure) \_\_\_\_\_

Hip Replacement      Left  Right  Year (approx. if unsure) \_\_\_\_\_

Other Joint Replacement      Joint \_\_\_\_\_ Year: \_\_\_\_\_

Other Surgical Procedure      Procedure \_\_\_\_\_ Year: \_\_\_\_\_

Employee Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

Employer Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**EXPLANATION PAGE**

Please use the space below to explain the illnesses and/or conditions that you checked a Yes (Y) or any other medical conditions that may not be listed on this form. Ask your employer for additional copies of this page, if needed.

If all questions on prior page were "No" (nothing is applicable), check this box:  N/A

CONDITION: \_\_\_\_\_ Year Diagnosed (approx.): \_\_\_\_\_  
Are you still being treated for this condition? Yes  No   
Are you taking medication for this condition? Yes  No   
Do you have any permanent restrictions for this condition? Yes  No   
Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx.): \_\_\_\_\_  
Are you still being treated for this condition? Yes  No   
Are you taking medication for this condition? Yes  No   
Do you have any permanent restrictions for this condition? Yes  No   
Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx.): \_\_\_\_\_  
Are you still being treated for this condition? Yes  No   
Are you taking medication for this condition? Yes  No   
Do you have any permanent restrictions for this condition? Yes  No   
Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx.): \_\_\_\_\_  
Are you still being treated for this condition? Yes  No   
Are you taking medication for this condition? Yes  No   
Do you have any permanent restrictions for this condition? Yes  No   
Brief Explanation: \_\_\_\_\_

Employee Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

Employer Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Please answer the following questions.**

1. Has any doctor ever restricted your activities? Yes  No   
If "Yes," please list the restrictions: \_\_\_\_\_  
Were the restrictions: Permanent  Temporary
2. Are you currently restricted? Yes  No   
What is the medical condition for which you are restricted? \_\_\_\_\_
3. Are you presently treating with a doctor, chiropractor, psychiatrist, psychologist, or other health-care provider? Yes  No   
Please list the medical condition being treated: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_
4. If you are presently taking prescription medication other than those listed on the Explanation Page, please complete the requested information below.  
Medication: \_\_\_\_\_ Prescribing Doctor: \_\_\_\_\_  
Medication: \_\_\_\_\_ Prescribing Doctor: \_\_\_\_\_
5. Have you ever had an on-the-job accident? Yes  No   
If you answered "YES," please provide the date for each injury and the nature of the injury:

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How long were you on compensation? \_\_\_\_\_  
Name of Employer: \_\_\_\_\_

6. Has a doctor recommended a surgical procedure, which has not been completed prior to this date, including, but not limited to knee, hip, or shoulder replacement? Yes  No   
If you answered YES, please provide:  
Recommended surgery: \_\_\_\_\_  
Approximate date of recommendation: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_

Employee Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
Employer Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING**

**FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF YOUR WORKERS COMPENSATION BENEFITS UNDER LA R.S. 23:1208.1.**

**I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in loss of my workers compensation benefits should I become injured on the job.**

Employee Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name (**printed**): \_\_\_\_\_  
*(Please print legibly)*

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**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) a/an contractor/employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Contractors/Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial.	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town.		State ZIP Code
Date of Birth	U.S. Social Security Number	Employee's E-mail Address.		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/>	<b>1.</b> A citizen of the United States
<input type="checkbox"/>	<b>2.</b> A noncitizen national of the United States (see instructions)
<input type="checkbox"/>	<b>3.</b> A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input checked="" type="checkbox"/>	<b>4.</b> An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____
<b>OR</b>
2. Form I-94 Admission Number: _____
<b>OR</b>
3. Foreign Passport Number: _____
Country of Issuance: _____

Signature of Employee:  
 \_\_\_\_\_

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Contractor   Employee Info from Section 1</b>	Last Name (Family Name)	First Name	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)			City or Town	State    ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
<b>C.</b> If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title		Document Number	Expiration Date (if any) (mm/dd/yyyy)	

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

Name \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 State, ST ZIP \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address \_\_\_\_\_@\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Experience

\_\_\_\_ Climbing Rigger  
 \_\_\_\_ Ground Rigger  
 \_\_\_\_ Forklift Operator (Certified)  
 \_\_\_\_ Forklift Operator (Uncertified)  
 \_\_\_\_ Scissor Lift Operator (Certified)  
 \_\_\_\_ Scissor Lift Operator (Uncertified)  
 \_\_\_\_ Boom Lift Operator (Certified)  
 \_\_\_\_ Boom Lift Operator (Uncertified)  
 \_\_\_\_ Lighting Stagehand (Concert)  
 \_\_\_\_ Lighting Stagehand (Theater)  
 \_\_\_\_ Sound Stagehand (Concert)  
 \_\_\_\_ Sound Stagehand (Theater)  
 \_\_\_\_ Video Stagehand  
 \_\_\_\_ Power Point  
 \_\_\_\_ Camera Operator  
 \_\_\_\_ Projectionist  
 \_\_\_\_ Electrician  
 \_\_\_\_ Pyro Stagehand  
 \_\_\_\_ Props Stagehand  
 \_\_\_\_ Fly Rail Operator (Theater)  
 \_\_\_\_ Weight Lift (Theater)  
 \_\_\_\_ Wardrobe Assistant  
 \_\_\_\_ Hair Assistant  
 \_\_\_\_ Makeup Assistant  
 \_\_\_\_ Loader

\_\_\_\_ Spotlight Operator  
 \_\_\_\_ Spotlight Operator (Truss)  
 \_\_\_\_ Spotlight Operator (Carbon Arc)  
 \_\_\_\_ Carpenter (Theater)  
 \_\_\_\_ Carpenter  
 \_\_\_\_ Runner

#### ADDITIONAL EXPERIENCE:

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

## REQUIRED TOOLS

### ALL CONTRACTORS:

- \*Claw Hammer (Minimum 13 Ounce)
- \*Crescent Wrench (Minimum 8") —
- \*Flashlight (NOT your Cell-Phone flashlight, a Real Flashlight)
  
- \*Gloves
- \*Hard Hat
  
- \*Knife
- Phillips Screwdriver
- Pliers
- Slot Screwdriver
- Tape Measure

**Required Tools are indicated with "\*"**

### RIGGERS ONLY:

- \*OSHA approved energy absorbing bypass lanyard
- \*OSHA approved full body harness
- \*Positioning Laser
- \*Rope (Length Determined by Venue except the Superdome)
- \*Sidewalk Chalk (any visible color)
- \*Slings, Biners, and Pulleys as needed
- \*25' Steel Tape Measure (35' Preferred, but \*25' required)
- \*Tape Measure 100'

**Required Tools are indicated with "\*"**

The above-listed tools are a REQUIREMENT of employment with Phoenix Rigging and Productions, LLC. You MUST have these tools at all job sites that you work for Phoenix Rigging and Productions, LLC, no matter what your job assignment might be. It is YOUR responsibility to keep up with YOUR tools. Phoenix Rigging is NOT responsible for tools that may be lost, misplaced, or stolen.

Contractor Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

Contractor Name (printed): \_\_\_\_\_

*(Please print legibly)*

## Phoenix Rigging and Productions, LLC, Contractor/Employee Protocol

1. **Safety:** A Safe working environment and safe working habits are mandatory. All equipment operators, (*i.e. forklift, aerial lifts, etc.*) must have a valid operator certificate. Contractors/Employees must adhere to all OSHA mandated rules and regulations.
2. **Dress Code:** All Contractors/Employees are required to observe all OSHA requirements for safety equipment, (*i.e., long pants, gloves, footgear, fall protection, eye protection, hard hats, etc.*), in all applicable instances.
3. **Restricted Areas:** All Contractors/Employees are required to obey all "No Access" areas and zones. All personnel must remain in their assigned work areas and are not permitted to wander through any other part of the facilities.
4. **Smoking:** No smoking is permitted inside the Facilities except in designated smoking areas. Proper disposal of smoking waist is mandatory. Smoking is only allowed during Contractors/Employees break times.
5. **Clean Working Environment:** All Contractors/Employees must maintain a clean safe working area. Waste materials must be properly disposed of immediately after use. No waste materials may be left on catwalks. Recycle bins must be properly used at all times.
6. **Report Call Time:** All Contractors/Employees must report to the proper designated entrance to sign in for work calls no later than (30) thirty minutes before work start times.
7. **Security:** All Contractors/Employees must obey the facility's security without objections. Report any improper security action to your immediate supervisor.
8. **Conduct:** Professional behavior must always be exhibited in the facilities.
  1. No foul language or cussing.
  2. No fighting or violent altercations.
  3. Discrimination and/or harassment of any nature are not permitted because of race, creed, religion, national origin, gender, or sexual orientation.
  4. Theft or removal of any item from the facility's property is prohibited and subject to legal action.
  5. Drugs, alcohol and/or substance abuse of any description will **not** be tolerated. Anyone who possesses, uses, sales or is under the influence of any of the above will be turned over to the proper law enforcement agency and permanently restricted from the facilities.
  6. Do not approach performers for autographs or pictures as this is deemed unprofessional.
  7. No employee is ever guaranteed the opportunity to watch any performances for free. However, when a load in is done exceptionally well we will sometimes be given the opportunity to watch. Do not ask anyone on the road crew for tickets or passes. Only ask your supervisor if it is possible to watch the show.

I have received a copy of Phoenix Rigging and Productions, LLC Contractor/Employee protocol, which I have read, understand, and agree to adhere to.

Contractor Signature: X

Date: \_\_\_\_\_

**\*\*After signing this acknowledgement, detach & keep your copy of the protocol and return this page.**



## REQUIRED TOOLS

### ALL CONTRACTORS:

- \*Claw Hammer (Minimum 13 Ounce)
- \*Crescent Wrench (Minimum 8") —
- \*Flashlight (NOT your Cell-Phone flashlight, a Real Flashlight)
  
- \*Gloves
- \*Hard Hat
  
- \*Knife
- Phillips Screwdriver
- Pliers
- Slot Screwdriver
- Tape Measure

**Required Tools are indicated with "\*"**

### RIGGERS ONLY:

- \*OSHA approved energy absorbing bypass lanyard
- \*OSHA approved full body harness
- \*Positioning Laser
- \*Rope (Length Determined by Venue except the Superdome)
- \*Sidewalk Chalk (any visible color)
- \*Slings, Biners, and Pulleys as needed
- \*25' Steel Tape Measure (35' Preferred, but \*25' required)
- \*Tape Measure 100'

**Required Tools are indicated with "\*"**

The above-listed tools are a REQUIREMENT of employment with Phoenix Rigging and Productions, LLC. You MUST have these tools at all job sites that you work for Phoenix Rigging and Productions, LLC, no matter what your job assignment might be. It is YOUR responsibility to keep up with YOUR tools. Phoenix Rigging is NOT responsible for tools that may be lost, misplaced, or stolen.

Employee Signature: << TAKE/KEEP THIS COPY FOR YOUR RECORDS >> Date: \_\_\_\_\_

Employee Name (printed): \_\_\_\_\_

*(Please print legibly)*

## Phoenix Rigging and Productions, LLC, Contractor/Employee Protocol

9. **Safety:** A Safe working environment and safe working habits are mandatory. All equipment operators, (*i.e. forklift, aerial lifts, etc.*) must have a valid operator certificate. Contractors/Employees must adhere to all OSHA mandated rules and regulations.
10. **Dress Code:** All Contractors/Employees are required to observe all OSHA requirements for safety equipment, (*i.e., long pants, gloves, footgear, fall protection, eye protection, hard hats, etc.*), in all applicable instances.
11. **Restricted Areas:** All Contractors/Employees are required to obey all "No Access" areas and zones. All personnel must remain in their assigned work areas and are not permitted to wander through any other part of the facilities.
12. **Smoking:** No smoking is permitted inside the Facilities except in designated smoking areas. Proper disposal of smoking waists is mandatory. Smoking is only allowed during Contractors/Employees break times.
13. **Clean Working Environment:** All Contractors/Employees must maintain a clean safe working area. Waste materials must be properly disposed of immediately after use. No waste materials may be left on catwalks. Recycle bins must be properly used at all times.
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15. **Security:** All Contractors/Employees must obey the facility's security without objections. Report any improper security action to your immediate supervisor.
16. **Conduct:** Professional behavior must always be exhibited in the facilities.
  8. No foul language or cussing.
  9. No fighting or violent altercations.
  10. Discrimination and/or harassment of any nature are not permitted because of race, creed, religion, national origin, gender, or sexual orientation.
  11. Theft or removal of any item from the facility's property is prohibited and subject to legal action.
  12. Drugs, alcohol and/or substance abuse of any description will **not** be tolerated. Anyone who possesses, uses, sales or is under the influence of any of the above will be turned over to the proper law enforcement agency and permanently restricted from the facilities.
  13. Do not approach performers for autographs or pictures as this is deemed unprofessional.
  14. No employee is ever guaranteed the opportunity to watch any performances for free. However, when a load in is done exceptionally well we will sometimes be given the opportunity to watch. Do not ask anyone on the road crew for tickets or passes. Only ask your supervisor if it is possible to watch the show.

I have received a copy of Phoenix Rigging and Productions, LLC Contractor/Employee protocol, which I have read, understand, and agree to adhere to.

Contractor Signature: **<< TAKE/KEEP THIS COPY FOR YOUR RECORDS >>** Date: \_\_\_\_\_

**\*\*After signing this acknowledgement, detach & keep your copy of the protocol and return this page.**