

WORK ORDER (JOB NO. ABS01090)

Date: 17/03/2021

Attention: All Doors

Customer: Dr Hao Vu

Address: 28 Waitara Pde HURSTVILLE GROVE, NSW, 2220

Contact Number: 0403 806 525

Supervisor: Ricky – 0466 224 142

Special Instructions: If you have any questions please call the supervisor.

NOTE: Please ensure due to the current COVID-19 circumstances the screening questions are asked, you MUST use necessary PPE (gloves/masks/sanitizer) on ALL sites and practice social distancing.

SCOPE OF WORKS

Garage

- Remove & replace panel lift door.
- Remove & replace 2 external window roller shutters

The entry door has a coded lock details below:

- Swipe hand over pad
- Press numbers on display in ascending order.
- type code 510473*

READ THE FOLLOWING

- Please go ahead with the works as per the scope of works listed above.
- You must contact the insured within 48hours of receiving this work order.
- Please ensure you submit your invoice to marguerita@abril.com.au with the attached signed site risk assessment within 5 working days of completing the repairs to ensure prompt payment & **INCLUDE THE JOB #** on your invoice.
- Please ensure the risk assessment is conducted **prior** to the commencement of any works.
- Failure to send the site risk assessment and include the necessary information on your invoice will result in your payment being delayed.

SITE RISK ASSESSMENT *(To be completed prior to commencing any work and all workers to sign their acknowledgement)*

Contractor/Employee name: _____
Site Address: _____
Work Description: _____

First Aid Box on site YES / NO A
(First Aid Box must be present on all sites)

The contractor/worker shall assess the task, determine the level of risk and apply the appropriate controls. Assess and complete **Risk Rating** referring to the Risk Table over page. If there is a risk rating, control measures must also be completed.

- 1 or 2 = High chance of injury**
- 3 or 4 = Moderate chance of injury**
- 5 or 6 = Low chance of injury**

RISK RATING	TASK/HAZARD/RISK	CONTROL MEASURES
	Working At Heights	
	Power Tools / Electrical Leads	
	Excavations or Machinery	
	Manual Handling	
	Light Demolition	
	Moving / Falling Objects	
	Pedestrians / People Around Site	
	Ladders / Step Ladders	
	Slip / Trip / Fall	
	Noise	
	Traffic	
	Rain	
	Wind	
	Heat	
	Cold	
	Dust / Pollution	
	UV Exposure / Radiation	
	Cuts / Abrasions	
	Electric Shock	
	Hazardous Substances	
	Rubbish / Waste Removal	
	COVID-19	

FURTHER ACTION REQUIRED: Yes/No

Name/Signature/Date: _____

Name/Signature/Date: _____

Name/Signature/Date: _____

Name/Signature/Date: _____