

## WORK ORDER (JOB NO. ABS02668)

Date: 15/10/2021

Attention: All Doors

Customer: Kylie Smith

Address: 4 Vulcan Place, Raby NSW 2566

Contact Number: 0421 463 329, 0409 559 523

Supervisor: Peter - 0466 377 992

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

- Please proceed with new roller door at above address, colour Windspray, and as per email quote sent to Daniel 22-9-2021.
- If you need to attend site to check measure before making, please advise and Peter will organise with owners.

### **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](mailto: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: \_\_\_\_\_