



BUILDING SOLUTIONS PTY LTD

ABRIL BUILDING SOLUTIONS PTY LTD
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ABN 34 183 186 078 Build Lic 198845c

WORK ORDER (ABS03245)

Date: 28/02/2022
Attention: All Doors NSW
Customer: Mrs Dorothy Bridle
Address: 24 Arnold Cres, Kiama NSW 2533, Australia
Contact Number: 02 4233 1409

Special Instructions: Troy was the supervisor 0451 868 373 – or Stef

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 and replace 4800 x 2100 B&D panel-lift garage door including brackets as required, allowing to reinstall existing motor and test for correct operation.

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
- Please ensure the risk assessment is conducted **prior** to the commencement of any works
- Failure to send the site risk assessment will result in 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	
FURTHER ACTION REQUIRED: Yes/No		
Name/Signature/Date:		
Name/Signature/Date:		
Name/Signature/Date:		
Name/Signature/Date:		