

PO Box 210 Earlwood NSW 2206
 1300 55 6641 | claims@abril.com.au
 ABN: 34 183 186 078 | Build Lic. No: 198845C
ABS Job No ABS030470
Date February 08, 2023

Abрил Primary Contact Mark Baldacchino

mark@abril.com.au

TO All Doors NSW
 sales@alldoorsnsw.com.au
 0417 975 669

Project Details

Insured Tan Group Industries Pty Ltd
Place of Loss 800-810 Parramatta Road, Lewisham, NSW 2049
Primary Contact Bhavna Thakur
Primary Contact Number 0433 207 997
Primary Contact Email

NOTE: Please ensure due to the ongoing COVID-19 circumstances that you use necessary PPE on all sites and practice social distancing.

Lock Box **Code** _____

Special Instructions:

Please contact Beaumont Tiles Manager - Vik to co-ordinate site attendance. If you have any questions please do not hesitate to contact Mark Baldacchino (Building Supervisor) 0466 377 077. Can you please update on estimated manufacture/Installation. Thank you

Scope of Works

ABS030470-290

Window Manufacturer	Material	Labour
Shop Entry Parramatta Rd		
Remove and replace 2 x window shutter guide rails and bottom angle approx 7.5m. Note - As there is no window sill below, we believe that we can remove the side rails without removing the shutter itself. If this cant be done than a variation will be submitted.	N/A	1/ea
Steel Supplier	Material	Labour
Shop Entry Parramatta Rd		
Remove, fabricate and replace 1 x flag pole bracket, with fixed welded plates top and bottom and lock nut to hold the flag pole in place.	N/A	1/ea
Totals		Totals



BUILDING SOLUTIONS PTY LTD

	Subtotal	\$1,150.00
	GST	\$115.00
	Total	\$1,265.00

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 10 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: 800-810 Parramatta Road, Lewisham, NSW 2049

Work Description: _____

First Aid Box on site YES / NO (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. SITE
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	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Name / Signature / Date:	
Name / Signature / Date:	
Name / Signature / Date:	
Name / Signature / Date:	