



BUILDING SOLUTIONS PTY LTD

ABRIL BUILDING SOLUTIONS PTY LTD
PO BOX 210, EARLWOOD NSW 2206
Tel: 1300556641 | Fax: 02 9559 4217
ABN 34 183 186 078 Build Lic 198845c

WORK ORDER(ABS06170)

Date: 22/02/2023
Attention: All doors NSW
Customer: STANLEY COUTINHO
Address: 24 TUGGERAH PL, WOODCROFT NSW 2767
Contact Number: Stanley - 0424 397 614

Special Instructions: Please arrange attendance with the insured – if you have any issues please call Caitlin 1300 55 66 41 - Supervisor – Adrian 0400 773 232

SCOPE OF WORKS:

PLEASE NOTE – We have booked this with the insured for Friday morning at 8/830am – please arrange to attend at this time to assist plaster repairs.

- Allow to disconnect/reconnect garage door operator to facilitate the works - test and commission on completion of reinstallation. (2 visits)

Budget - \$500 +GST

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

Wo

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:		