Work Order

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 ABS031304
Date June 05, 2023

Abril Primary Contact

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

Project Details

Insured	Strata Plan 33870
Place of Loss	26 WATTLE ROAD, Brookvale, NSW 2100
Primary Contact	Lot 17 Cem and Ann Erdogan
Primary Contact Number	0438 233 552
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:

Allocation Work Order

Scope of Works

ABS031304-1338

Garage Doors	Material	Labour
Work Order - Work Order - Dominic from All Doors NSW a work order. As discussed with Albert. Please have guys on-site Wednesday 7/623 7am to remove the fire damage door, track and motor We have demo contractors attending same day to commence works, so p		
Work Order - Dominic from All Doors NSW a work order. As discussed with Albert. Please have guys on-site Wednesday 7/623 7am to remove the fire damage door, track and motor We have demo contractors attending same day to commence works, so please ensure they there first thing in the morning Whilst onsite, please have them measure opening so you can provide me a quote to supply and install new door. Also have guys check if doors are powder coated both sides or not. Please let Albert know you will be attending this Wednesday. Cheers	*N/A*	*N/A*

Totals		Totals
	Subtotal	$0.00
	GST	N/A
	Total	**$0.00**

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.*
- *If applicable, test fitting that is to be disconnected to ensure correct operation prior to disconnection. If found to faulty or not working under normal parameters, report this back to the Supervisor/Project Coordinator.*

SITE RISK ASSESSMENT

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

Contractor / Employee Name:_____

Site Address: 26 WATTLE ROAD, Brookvale, NSW 2100

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	☐ **YES** / ☐ **NO**
Name / Signature / Date:	
Name / Signature / Date:	
Name / Signature / Date:	
Name / Signature / Date:	