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 ABS033824
Date November 26, 2024

Abril Primary Contact

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

Project Details

Insured	Strata Plan 87379
Place of Loss	159 Wellington Road, Sefton, NSW 2162
Primary Contact	Leon Chow (Strata Manager)
Primary Contact Number	9556 1022
Primary Contact Email	
Proposed Start Date	
Anticipated Completion Date	

NOTE: If a PC or PS amount is listed within the SOW/Budget below, you will be required to provide a receipt to the Supervisor/Project Coordinator for reconciliation.
NOTE: If you are required to disconnect/reconnect an existing item, prior to disconnection you are required to check the item is operating under normal parameters, and document this by photo/video. Any faulty items are to be reported to the Supervisor/Project Coordinator.
YOU ARE REQUIRED TO PROVIDE BEFORE & AFTER PHOTOS WITH THE SUBMISSION OF YOUR INVOICE.
Please note if photos are not supplied you risk your invoicing being rejected.

Special Instructions:

Allocation Work Order

Scope of Works

Garage Doors
Work Order

Please attend site, fit garage shutter into the guides and provide a quote to repair/replace any items that have been damaged by an impact as per discussion/estimate provided.

Please contact the strata manager to discuss when this can take place.

Leon 9556 1022 - leon@psmgstrata.com.au

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* ***accountspayable@abril.com.au*** *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 and completed prior to the commencement of any works.*
- *You are required to provide completion photos with your invoice.*

SITE RISK ASSESSMENT

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

Contractor / Employee Name:_____

Site Address: 159 Wellington Road, Sefton, NSW 2162

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:	