# 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** December 18, 2024

**Abril Primary Contact**

Peter Murphy
0466377992
peter@abril.com.au

**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** | Cem and Ann Erdogan ( unit 17 ) |
| **Primary Contact Number** | 0438 233 552 |
| **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:**

As per our phone conversation, I need to get a new remote control for unit 17 roller door, one has been affected by water. Could you please organise to attend site and replace broken remote. There is a lock box on site attached to the tap at the front of the unit code FRED, inside is the broken remote and a set of keys to give you entry to the unit. When you go inside unit I have the spare remote for the roller door sitting on top of the electrical board in the office downstairs. When you have finished, please put the spare remote back on top of the electrical board and close door and roller door and put keys and new remote back in lock box, take away damaged remote so everything will fit in lock box.
Please call me on 0466377992 if you have troubles.

**Scope of Works**

### ABS031304-7206

**Preliminaries**

| BCA Upgrades – |
| --- |
| Preliminaries |

| 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: 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: | |