# 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** ABS034159
**Date** May 02, 2025

**Abril Primary Contact**

Stanley Taing
0460306010
stanley@abril.com.au

**TO**

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

## Project Details

| | |
|---|---|
| **Insured** | Strata Plan 41277 |
| **Place of Loss** | 52 Victoria Street, Werrington, NSW 2747 |
| **Primary Contact** | Strata Plan 41277 |
| **Primary Contact Number** | |
| **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:**

U3 Tenant - Tony ( 0450 356 339)

**Scope of Works**

## ABS034159-8664

| Garage Doors |
|---|
| **Garage** |
| Single Roller Door - Remove and replace damaged single roller door to match existing approx. 2.4 x 2.1H |

| Totals | | Totals |
|---|---|---|
| | Subtotal | $1,100.00 |

| | | |
|---|---|---|
| | GST | $110.00 |
| | **Total** | **$1,210.00** |

***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* ***payables@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: 52 Victoria Street, Werrington, NSW 2747

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: | |