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 ABS034501
Date July 06, 2025

Abril Primary Contact

Michael Ayache

michael@abril.com.au

TO

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

Project Details

Insured	The Owners - Strata Plan 21123
Place of Loss	324-332 Marsden Road, Carlingford, NSW 2118
Primary Contact	Neha (Unit 1 tenant)
Primary Contact Number	0406 061 835
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:

Please contact the customer and arrange attendance.
Please call the customer appx 30min before your arrival so they can move their cars

SITE CONTACT:
UNIT 1 - Kiran (tenant) - 0451 085 550

Scope of Works

ABS034501-9354

Garage Doors

GARAGE

Provisional Sum - $6,500.00 ex GST
Remove and replace 2 x manual operated garage roller doors & 1 x automatic roller door inc. new motor to best match existing.

Totals		Totals
	Subtotal	$6,500.00
	GST	$650.00
	Total	**$7,150.00**

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: 324-332 Marsden Road, Carlingford, NSW 2118

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:	