Sevelle
BUILDING SERVICES

WO #	DATE
11027	11/11/2025

SUBJECT: PLANNED - WO - ALL DOORS

CUSTOMER

Ventia
Ben Fitton

PROJECT

PLANNED - 34 GEORGE ST LIVERPOOL - 225039242
PROJECT #: 225039242

WORK DESCRIPTION

Please contact Simon (0439 519 450) if you have any questions

Cost Code	Subject	Qty	Price/Unit	Total
	ALL DOORS - QUOTE - SUPPLY AND FIT 1 XNEW GRIFCO LS TROLLEY 1 XGRIFCO PUSH ARM REFIT EXISTING BRACKETS NOTE- IT IS POSSIBLE THAT IT MAY NEED EXTRA PARTS BUT WE WON'T KNOW UNTIL WE GET OPERATIONAL	1	$858.00/EA	$858.00

Total Cost: $858.00

TERMS & CONDITIONS

ll line items above are inclusive of GST - The Total Cost above includes 10% GST

All individuals onsite, prior to any works commencing must fill out, understand & sign the PRE-START document, this is located in app via the forms and checklists button as demonstrated during the onboarding process. In addition to this, this includes any relevant SWMS where required for each work order completed. An exception to this, is if a PRE-START document (Attached below) is filled out and signed and attached to the submitted invoice.

Payments are unable to be processed unless a PRE-START form has been completed, signed and submitted through the mobile app or as mentioned above a hard copy has been filled out, signed and attached to the submitted invoice.

WO #	DATE
11027	11/11/2025

Please ensure that all works are completed in accordance with the current RAPM Contract requirements as well as to ensure that all materials and products used comply with the the current Schedule 7 Component requirements, current colours schemes, current CS Specifications, the Schedule 2 Maintenance works / requirements as well to ensure all materials and products comply with the current Australian standard and associated guidelines. If you aren't sure or if you require copy's of these, or if you require additional clarification of any of these items, please advise Sevelle Staff prior to any works commencing.

The work order is for the supply of Labour Hire and / or the hire of equipment only. This work order is not to be for the purpose of a Sub-Contract agreement and should not be considered as such. Any works undertaken are to be completed in accordance with the signed labour hire agreement. Works are to be undertaken by only those who have signed the labour hire agreement. Each working individual agrees to complete works in accordance with the current RAPM requirements with no exceptions. At no point should any works be completed via a sub-contractor arrangement and nor should they be treated as such.

The cost listed above is to complete works in accordance with legislation and associated requirements which we are required to adhere to.

Payments terms - Invoices are processed within the 2 x weeks once received, payments for each invoice are completed on that Friday.

Works are to be completed to an acceptable standard prior to payments being processed. All works are to be defect free prior to payments being processed. Failure to do this may result in a back charge and / or Sevelle may engage another LHP to have the defects rectified on your behalf, at your cost.

Sevelle
BUILDING SERVICES

WO #	DATE
11027	11/11/2025

Please refer to any Safety Alert/s listed in the work order that may be assigned against the property and/or site.
Always implement the Stop Work Authority in the event of any serious hazard and/or incident and immediately report all incidents to your relevant Supervisor / Manager.

Job Details				Site Specific Emergency Response Requirements			
Activity		Date		First Aid Kit Location			
Location (Full address)		Job / WO No.		Name of First Aider			
Client Supervisor		Contact Number		Emergency Muster Point			
Subcontractor Supervisor		Contact Number		Nearest Hospital			
Traffic Plan Reference		Communication Method		Spill Kit Available?	Yes ☐	N/A ☐	
Emergency Response Processes Communicated & Understood by all Workers?	Yes ☐	N/A ☐		Fire Extinguisher in date?	Yes ☐	No ☐	N/A ☐

Site Specific Pre-Start Requirements – Any work involving high risk construction work or a Critical Risk Protocol activity must have a SWMS document listed below.

Name of SWMS Implemented On Site ** List all relevant SWMS documents implemented within the site **			
Have all workers read, understood and signed off on / into SWMS documents listed above?	Yes ☐	N/A ☐	

PPE to be Worn On-Site (note specific types e.g. P2 respirator if required)

Uniform (long sleeves / pants) ☐	Safety Footwear (AS/NZS 2210.3) ☐	High Vis (AS/NZS1906.4) ☐	Hard Hat (AS/NZS 1801) ☐	Safety Eyewear (AS/NZS 1337) ☐	Gloves (carry at all times) ☐
Fall Arrest ☐	Hearing Protection ☐	Dust Mask ☐	Respirator ☐	Face Shield ☐	Specific Gloves Type: ☐

Permits, Plans & Isolations (keep copes of approved permits with this Start Card)

Isolation ☐	Excavation ☐	Confined Space ☐	Hot Work ☐	Penetration ☐	Working at Heights ☐
Other Permit Number			Permit Type		

Go / No Go – One YES requires additional controls. If more than one YES is selected contact the Supervisor / Leader to manage unacceptable risk.

1. Any new or inexperienced workers who require additional supervision?	Yes ☐	N/A ☐	2. Any equipment that is not fit for purpose or is not in good working order?	Yes ☐	N/A ☐
3. Has anything changed or likely to change from the original task plans?	Yes ☐	N/A ☐			

WO #	DATE
11027	11/11/2025

Start Card

Pre-commencement Checks (If answer is No – STOP WORK and reassess job requirements accordingly)			
Clear and fine weather conditions forecast?	Yes ☐	No ☐	
Are all workers fit for work, competent with correct tickets and licences to undertake the job?	Yes ☐	No ☐	
Are all workers wearing appropriate PPE?	Yes ☐	No ☐	
All required approvals in place?	Yes ☐	No ☐	N/A ☐
Are plant and equipment pre-starts and risk assessments available and communicated?	Yes ☐	No ☐	N/A ☐
Are all environmental controls in place?	Yes ☐	No ☐	N/A ☐
All overhead and underground services identified?	Yes ☐	No ☐	N/A ☐
Are barriers, exclusion zone and traffic control in place and appropriate?	Yes ☐	No ☐	N/A ☐
Adequate protection around open pits, trenches, and excavations?	Yes ☐	No ☐	N/A ☐
Has a visual inspection of the site been completed at the start of each working shift to verify that all controls remain effective, and no new hazards have arisen?	Yes ☐	No ☐	N/A ☐
Nominated spotter assigned for reversing on site?	Yes ☐	No ☐	N/A ☐

Identify & Control the Site-Specific or Task Based Hazards							
Hazard Examples	✓	**Place a tick in the box for all Site-Specific or Task Based Hazards identified**					
Electrical	☐	Trenches	☐	Manual Handling	☐	Burns	☐
Chemicals	☐	Weather	☐	Exposed Holes	☐	Heat / Fumes / Odours	☐
Tools	☐	Bacteria	☐	Dehydration	☐	Hazardous Materials	☐
Gasses	☐	Dust	☐	Sharps / Needles	☐	**Also Consider**	
First aid	☐	Slip / Trip	☐	Pedestrians	☐	Pollution to the Environment	☐
Vehicles	☐	Remote Site	☐	Amenities	☐	Soil Erosion / Contamination	☐
Heights	☐	Hot / Cold Objects	☐	Working Alone	☐	Runoff to Drainage Systems	☐
Confined Space	☐	Rotating Equipment	☐	**Personal Hazards**		Simultaneous Operations	☐
Weight	☐	Moving Equipment	☐	Hit by moving objects	☐	Security	☐
Lighting	☐	Lifting Equipment	☐	Caught In / Between	☐	Tenant Interactions	☐
Pressure	☐	Underground Services	☐	Strain / Repetitive	☐	Damage to Equipment	☐
Access	☐	Above Ground Services	☐	Dropped Objects	☐	Public Liability	☐
Vibration	☐	Overhead Services	☐	Strike Against	☐	Waste Management	☐
Noise	☐	Radiation (Sun)	☐	Inhalation	☐	Other Hazards	☐

Hazard Assessment – This covers site-specific items (in addition to the SWMS) for the shift / day / new job site and is to be reviewed as work tasks progress & hazards change.			
What are the key tasks / job steps?	**How can I / we get hurt? (key hazards)**	**What do I / we need to do to keep the site safe?**	**Who is responsible?**

WO #	DATE
11027	11/11/2025

Start Card

All Workers and Visitors

I confirm I have been consulted on, have read, and have been given an opportunity to provide input and/or comment on the matters noted in this Start Card. I understand I am not expected to work in an unsafe manner that could cause harm to myself and others and if I feel unsafe at any time, I will stop the task and report to the Supervisor.

Name	Signature	Date	Name	Signature	Date

Approval to Commence

Signing below, I acknowledge that the above information is accurate, complete and a true reflection of risks, hazards and controls identified onsite.

Job Supervisor / Leader		Signature	