

TSM No.

398723

Date: 25/01/2017

Invoice Details

Name Address Spotless Facility Services Pty Ltd
549 St Kilda Road
MELBOURNE VIC

Contact [REDACTED]
 Phone [REDACTED]
 Order No. TBA
 Operator No. _____
 Commissioning Date _____

Site Details

Name DHS - Malmesbury Youth Detention Centre
 Address DHS Malmesbury - Vehicle and Grounds
MALMSBURY VIC

Contact [REDACTED]
 Phone _____
 Work Location Sally port
 Door No. External
 Fault Reported Door not working correctly

Type of Call	Job Details	Job Outcome	Product		Type	Operation
<input checked="" type="checkbox"/> Callout <input type="checkbox"/> Breakdown <input type="checkbox"/> Warranty <input type="checkbox"/> Maintenance <input type="checkbox"/> Commission <input type="checkbox"/> Installation <input type="checkbox"/> Quoted Work	<input type="checkbox"/> Impact Damage <input type="checkbox"/> Break-In Damage <input checked="" type="checkbox"/> Breakdown Only <input type="checkbox"/> Existing Label <input type="checkbox"/> New Label	<input checked="" type="checkbox"/> Left Door Working Order <input type="checkbox"/> Temporary Repairs <input type="checkbox"/> Job Not Complete <input type="checkbox"/> Door Not Operational	<input type="checkbox"/> Auto Door <input checked="" type="checkbox"/> Roller Shutter <input type="checkbox"/> Roller Door <input type="checkbox"/> Roller Grille <input type="checkbox"/> Bi-Fold <input type="checkbox"/> Gate	<input type="checkbox"/> Boom Gate <input type="checkbox"/> Roll Fast <input type="checkbox"/> Fire Door <input type="checkbox"/> Slider <input type="checkbox"/> Other	<input type="checkbox"/> Sliding <input type="checkbox"/> Swing <input type="checkbox"/> Revolver <input type="checkbox"/> Single <input type="checkbox"/> Double	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Chain <input type="checkbox"/> Hand <input type="checkbox"/> Other
			Brand	Model		

Details of faults identified and services rendered

Arrived on site to find door working as it should. Fully checked over and tested. Door is in correct working condition. Client advised that the door was going up part way and stopping. Could have been in inch mode.

Extra Work Required - Submit extra works sheet for the appropriate product type

Part Number	Qty	Description	Location

TRAVEL TIME			ON SITE	
Service Person	Start	Finish	Start	Finish
[REDACTED]	25/01/2017 11:30 AM	25/01/2017 12:30 PM	25/01/2017 12:30 PM	25/01/2017 01:15 PM

ASSA ABLOY Entrance Systems
24HR EMERGENCY REPAIRS
ALL AREAS - ALL BRANDS
 Auto Doors - Roller Shutters Auto
 Gates - Boom Gates Sliding
 Gates - Fire Doors

A tax invoice will be forwarded Business Hours After Hours

I confirm that the above work has been completed to my satisfaction and agree to pay your normal service charges and cost of parts & materials. I acknowledge that all parts & materials supplied by ASSA ABLOY Entrance Systems shall remain their property until paid for in full and goods may be recovered at any time until such payment is made.

Customer Name _____ Technician Name [REDACTED]

Customer Signature _____ Technician Signature [REDACTED]

ASSA ABLOY ENTRANCE SYSTEMS PRE WORK CHECKLIST

THIS FORM MUST BE COMPLETED PRIOR TO WORK BEGINNING ON SITE FOR EACH DOOR. BEFORE COMMENCING TASKS ALL REASONABLY FORESEEABLE HAZARDS SHOULD BE IDENTIFIED. IF HAZARDS ARE IDENTIFIED THEN A RISK ASSESSMENT SHOULD BE CARRIED OUT.

DATE: 25/01/2017 **LOCATION** Sally port **DONE BY:** [REDACTED]

TASK Door repairs

	PROCEDURE	YES	NO	NA		PROCEDURE	YES	NO	NA
1	Work schedule discussed (Tool Box Talk)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Working at height procedures complied with	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Site Contact made	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Electrical hazards identified	Go to Pt 2 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Induction completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Are there obstructions that prevent you from doing the job safely	Go to Pt 2 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	SWMS Available and read	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Manual handling risks identified	Go to Pt 2 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Jewellery removed prior to work commencing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13	Lockout procedure complied with	<input type="checkbox"/>	Go to Pt 2 <input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Access/egress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Electrical tools tagged and current	<input checked="" type="checkbox"/>	Go to Pt 2 <input type="checkbox"/>	<input type="checkbox"/>
7	PPE available and used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	Lifting equipment compliant	<input type="checkbox"/>	Go to Pt 2 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Area cordoned off with appropriate Barrier eg rope flags, webbing etc.	<input checked="" type="checkbox"/>	Go to Pt 2 <input type="checkbox"/>	<input type="checkbox"/>	16	Tool register complete - Qantas only	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Pt2 Identify hazards either not covered above or identified from above.

Hazards may relate to manual handling issues, restricted access, infrequent tasks, unfamiliarity on workers part, housekeeping.

Step 1: Identify Hazard	Step 2: Asses the risk	Step 3: Control the risk	Step 4 Reassess
HAZARD	RISK	CONTROL	RISK

IS IT SAFE TO COMMENCE WORK

YES NO NOTIFY SUPERVISOR IMMEDIATELY

Step 5: Continually monitor

After completion of work are there better methods to lessen risk? _____

WHY?

Give a brief explanation as to why the work could not be done/completed

Service Person	Signature	Date
[REDACTED]	[REDACTED]	25/01/2017