

from SMSF A/C 7011 -6
Mobile: 0404 026 032

Mobile: 0404 026 933
Phone/Fax: 8370 5491

Electrical License Refrigeration

SERVICE REPORT

REPORT No. 4720

DATE 15 / 3 / 19. ORDER No.

INVOICE TO

JOB NAME & ADDRESS
MR. REX DENMED-
6 HELMSON TCE &

UNIT No. Cool breeze MODEL No. D1257

SERVICE PERFORMED
Remove faulty Evaporative AC
install the above AC unit as
and left in good order

FM874/0800

MP180452

DISTRIBUTOR CUSTOMER COPY

[illegible]

Parts Total	1490.00
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JOB COMPLETED YES/NO
ACCOUNT NAME: GWG Services
ACCOUNT DETAILS: BANK SA. ACC No. 031 055 340. BSB No. 105-186

AIR CONDITIONING REFRIGERATION & ELECTRICAL

RISK ASSESSMENT / JOB ANALYSIS


[illegible]


ELECTRICAL <input type="checkbox"/>	WEATHER <input type="checkbox"/>	OTHER TRADES <input type="checkbox"/>
CHEMICAL <input type="checkbox"/>	ASBESTOS <input type="checkbox"/>	CO WORKERS <input type="checkbox"/>
TOOLS <input type="checkbox"/>	PRESSURE <input type="checkbox"/>	DEHYDRATION <input type="checkbox"/>
GASES <input type="checkbox"/>	SHARPS <input type="checkbox"/>	HANDLING <input type="checkbox"/>
DUST <input type="checkbox"/>	MOVING PARTS <input type="checkbox"/>	EXCAVATIONS <input type="checkbox"/>
RADIATION(SUN) <input type="checkbox"/>	LOOSE CLOTHING <input type="checkbox"/>	UNDERGROUND <input type="checkbox"/>
HEIGHT <input type="checkbox"/>	HOT OBJECTS <input type="checkbox"/>	OVERHEAD <input type="checkbox"/>
WEIGHT <input type="checkbox"/>	COLD OBJECTS <input type="checkbox"/>	CONFINED SPACE <input type="checkbox"/>
NOISE <input type="checkbox"/>	VIBRATION <input type="checkbox"/>	PPE <input type="checkbox"/>
ACCESS <input type="checkbox"/>	HOISTING <input type="checkbox"/>	SLIP TRIP <input type="checkbox"/>

RISK LEVEL L=LOW M=MEDIUM H=HIGH

DESCRIPTION OF WORK TO BE CARRIED OUT
AND SAFETY PROCEDURES TO BE FOLLOWED

Due Care

TECHNICIAN 
PRINT NAME Garth

CLIENT SIGNATURE 
PRINT NAME X