

**ASSESSMENT REPORT**

Job Supplier:	Reference Number:	Claim Type:
	Contact Number: 1300 309 361	

Customer Information

Name:

Address:

What has caused the incident to occur at the property?

Is the damage consistent with the event? ☐ Yes ☐ No (If no please add reason):

What resultant damage has been caused by the incident?

Incident Confirmed: ☐ Yes ☐ NoHome Habitable: ☐ Yes ☐ No

Est Dry Days:

Inspection only: ☐ Yes ☐ NoOverall condition acceptable: ☐ Yes ☐ No

Power Amps:

Make Safe Completed: ☐ Yes ☐ NoMicrobial Growth Visible: ☐ Yes ☐ No

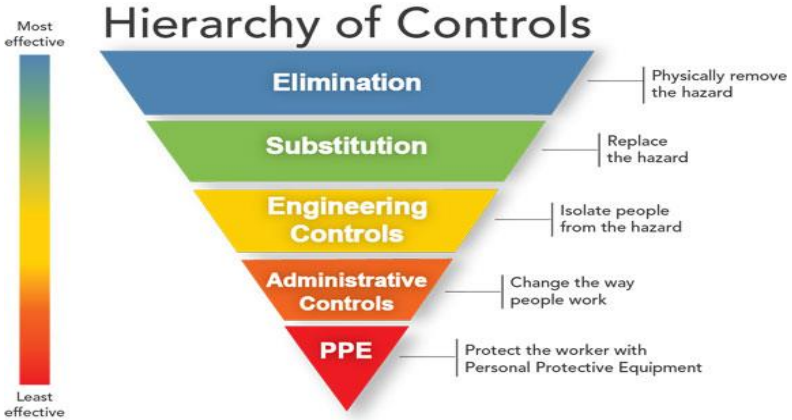
Available Circuits:

Has the Insured been advised of the next steps: ☐ Yes ☐ NoIs the Insured aware of the repairs that they are responsible for (eg. Plumber): ☐ Yes ☐ NoHas the Insured signed the Authority to Commence Restoration Waiver: ☐ Yes ☐ No

SITE-SPECIFIC RISK ASSESSMENT (SSRA)									
SCOPE OF WORKS		Mitigation/Makesafe							
PRINCIPAL CONTRACTOR:					DATE:				
SITE ADDRESS:									
PERSON COMPLETING:									
#	Contractor Work Activity - Site-Specific Risk Assessment (SSRA)				Date:				
					Initial:				
					Attendance:	1st	2nd	3rd	4th
1	Ensure you identified all ASBESTOS hazards in pre 1990 build date structures. (Tick indicates identification procedure completed)								
2	Have all the ELECTRICAL hazards been identified, power points or light switches that may be affected by the event								
3	Have you identified any structural integrity Safety issues. Ceiling collapse, Damaged structural components, Flooring damage.								
4	Have all employees been instructed on safe working practices (e.g. manual handling)?								
5	Do you have the correct type of first aid kit, and is it stocked and accessible for use?								
6	Have all employees been trained in the safe use of power tools?								
7	Specify PPE required.	Hard hat <input type="checkbox"/>	Safety boots <input type="checkbox"/>	Eye protection <input type="checkbox"/>	Hearing protection <input type="checkbox"/>	Gloves <input type="checkbox"/>	Hi-visibility vest <input type="checkbox"/>	Mask <input type="checkbox"/>	Other – Please specify below <input type="checkbox"/>
8	Have all employees reviewed site safety plan & the site safety signage before commencing work?								
9	All the DRQ electrical equipment tested and tagged, and is the Company electrical tagging register ?								
10	Are all DRQ electric equipment) protected by an RCD unit?								
11	Is the work area clear of rubbish and debris, and is an area provided for debris?								
12	Is there a safe path of travel to all work areas and have all trip hazards been identified?								
13	Have all tools and equipment been serviced and are they in good working order?								
14	Have all plant and tools been inspected and are they fit for purpose?								
15									

Risk Rating Matrix

Consequences	Likelihood				
	Certain to Occur	Very Likely	Possible	Unlikely	Rare
Catastrophic <i>Death or disability</i>	Critical 5	Critical 5	High 4	Moderate 3	Moderate 3
Major <i>Hospital treatment</i>	Critical 5	High 4	Moderate 3	Moderate 3	Low 2
Moderate <i>Medical treatment</i>	High 4	Moderate 3	Moderate 3	Low 2	Low 2
Minor <i>First Aid only</i>	Moderate 3	Moderate 3	Low 2	Low 2	Very low 1
Insignificant <i>No treatment</i>	Moderate 3	Low 2	Low 2	Very low 1	Very low 1



Reset Form

HAVE YOU ELIMINATED ALL POTENTIAL RISKS FROM ANY OTHER HAZARDS IDENTIFIED ON SITE THAT MAY AFFECT YOUR WORK TASK? *If you answer No? You must complete the risk assessment table below and consult with all employees and subcontractors before commencing any work. If you cannot remove or control the hazard, please contact your construction supervisor for advice before starting any work.*

Where the Activity is covered by a SWMS, please refer to completed SWMS

[illegible]



MOISTURE READINGS:

ROOMS	AREA TESTED	1st ATT	2nd ATT	3rd ATT	4th ATT	5th ATT	6th ATT

Delmhorst Moisture Meter – Moisture Benchmark 14% WME



1ST ATTENDANCE:

Attendance Date:		SOW to be submitted separately:	
Technician:			
Moisture Readings Taken and Photographed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Job Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	RH: T:
Equipment Installed			
Dehumidifier/s:	Air Mover/s:	Air Scrubber/s:	Other:
Works Completed:			
Further works required:			



2nd ATTENDANCE:

Attendance Date:			
Technician:			
Moisture Readings Taken and Photographed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Job Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	RH: T:
Equipment Installed			
Dehumidifier/s:	Air Mover/s:	Air Scrubber/s:	Other:
Works Completed:			
Further works required:			



3rd ATTENDANCE:

Attendance Date:			
Technician:			
Moisture Readings Taken and Photographed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Job Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	RH: T:
Equipment Installed			
Dehumidifier/s:	Air Mover/s:	Air Scrubber/s:	Other:
Works Completed:			
Further works required:			



4th ATTENDANCE:

Attendance Date:			
Technician:			
Moisture Readings Taken and Photographed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Job Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	RH: T:
Equipment Installed			
Dehumidifier/s:	Air Mover/s:	Air Scrubber/s:	Other:
Works Completed:			
Further works required:			



5th ATTENDANCE:

Attendance Date:			
Technician:			
Moisture Readings Taken and Photographed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Job Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	RH: T:
Equipment Installed			
Dehumidifier/s:	Air Mover/s:	Air Scrubber/s:	Other:
Works Completed:			
Further works required:			

OTHER ATTENDANCES: