#### 

**Field Assessment Evaluation**

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| --- | --- | --- |
| Today’s Date: |  | |
| Supporting Supervisor: |  | |
| Contractor: |  | |
| Customer Details: |  | |
| Claim Reference Number: |  | |
| Address: |  | |
| Ensure the general appearance, uniform and vehicle presented in line with company standards? | | Yes  No |
| Adequately prepare for the site visit? | | Yes  No |
| Ensure you arrive on time? | | Yes  No |
| Time manage the time spent on site well? | | Yes  No |
| Engage positively with all stakeholders on site? | | Yes  No |
| Act on items/repairs required on site appropriately? | | Yes  No |
| Highlight any potential maintenance / wear and tear issues and manage the policyholder’s expectations accordingly? | | Yes  No |
| Always act courteous to the policyholder and treat their property with respect? | | Yes  No |
| Listen to any questions or concerns from the Policyholder/trade/client and answer them effectively? | | Yes  No |
| Ensure WHS is completed and all hazards been identified and documented and safety board dates been changed? | | Yes  No |
| Has SWMS been completed and sighted | | Yes  No |
| Ensure to identify any ITP repairs(Repairs that may require a compliance certification) | | Yes  No |

Any further Action required:

Comments or other details to record for reference:

**Sign-Off:**

|  |  |
| --- | --- |
| Trade contractor: |  |
| Supervisor/Estimator Signature: |  |
| Manager: |  |
| Circulation: | Line Manager, Supervisor /Estimator , Training Co-Ordinator |

*Updated: 10/02/2014*