

Packing Slip No #		Customer	
Job Date		Installers Name	
Site Address			
Job Type	<div><input type="checkbox"/> GF Wrap</div> <div><input type="checkbox"/> FF Wrap</div> <div><input type="checkbox"/> Walls</div> <div><input type="checkbox"/> Walls and Ceiling</div> <div><input type="checkbox"/> Ceiling</div>		

Please tick the appropriate box				Y	N	NA	Comment
1	Do I have and have I read the installers manual			Y	N	NA	
2	Am I trained, competent and fit to do the task			Y	N	NA	
3	Do I and my workers have and can display construction cards			Y	N	NA	
4	Are my workers inducted and qualified to be on site			Y	N	NA	
5	Does my PPE comply with the Australian standards and am I wearing it			Y	N	NA	
6	Is access to the work area safe			Y	N	NA	
7	Are my ladders industrial strength and safe to use			Y	N	NA	
8	Are my work materials placed as close as I can get them to the work site			Y	N	NA	
9	Is the outside temperature above 36 degrees			Y	N	NA	
10	Is there any damage to the building before you start work			Y	N	NA	
11	Please ensure all rubbish and offcuts are removed and returned to the branch			Y	N	NA	

Completed		
<input type="checkbox"/> Electrical rough in	<input type="checkbox"/> Plumbing rough in	<input type="checkbox"/> Fall protection
<input type="checkbox"/> Ducting install complete	<input type="checkbox"/> Internal void protection	<input type="checkbox"/> Roof on

Tap to Insert Photo	Tap to Insert Photo	Tap to Insert Photo	Tap to Insert Photo
Tap to Insert Photo	Tap to Insert Photo	Tap to Insert Photo	Tap to Insert Photo

Notes	
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B4 U Start Signature		B4 U Finish Signature	
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