



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

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	
12	Are you working from a scaffold to wrap the first floor?	Y	N	NA	
13	Are you installing ceiling batts after plaster?	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

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Notes	
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B4 U Start Signature		B4 U Finish Signature	
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