



QUANTITY AGREEMENT

Enwon (Australia) Pty Ltd
 ABN: 35 055 879 420
 PO BOX 372, Cranebrook NSW, 2749

Date

Day/Night Shift

Client		Car Park	<input type="checkbox"/>	Main Road	<input type="checkbox"/>
Site Address		Subdivision	<input type="checkbox"/>	Road Const	<input type="checkbox"/>
HOURS WORKED	Crew Leader		Truck Rego		
Depart Yard	Return to Yard		Driver		
Arrived on Site		WORK DESCRIPTION		QUANTITY	
Meal Break					
Lunch Break					
Finish Time					
Hours Worked					
Time in Yard					
CREW MEMBERS & O/T		MATERIALS USED		QUANTITY	
NOTES	STANDBY & DELAYS				
	MINIMUM DAY RATES Y/N				
	TIME LOST HOURS				
	OVERTIME HOURS				
TOTAL HOURS CHARGED					

SIGN-OFF			
ENWON FOREMAN		CLIENT REP.	
		PRINT NAME	

	PRE-START FORM	
	Enwon (Australia) Pty Ltd ABN: 35 055 879 420 PO BOX 372, Cranebrook NSW, 2749	
	Date	
	Conducted By	

Client		Car Park	<input type="checkbox"/>	Main Road	<input type="checkbox"/>
Site Address		Subdivision	<input type="checkbox"/>	Road Const	<input type="checkbox"/>
WHS Representative		First Aid Officer 1			
Nearest Hospital		Evacuation Point			

Pre-Start Checks

First Aid location and procedures discussed	<input type="checkbox"/>	Site amenities located and parking and mobile phone use areas identified	<input type="checkbox"/>
All electrical equipment has been tested and tagged	<input type="checkbox"/>	SDS for all hazardous chemicals are on site	<input type="checkbox"/>
All staff have required PPE and PPE requirements communicated	<input type="checkbox"/>	Area for loading/unloading identified and located	<input type="checkbox"/>
All workers are attending the daily toolbox talk	<input type="checkbox"/>	Traffic management plans are in place and adhered to	<input type="checkbox"/>
Identify waste containment and removal procedures	<input type="checkbox"/>	Safe Work Method Statements communicated and signed off	<input type="checkbox"/>

Work Activities to Be Conducted

Demolition and Excavation	<input type="checkbox"/>	Asphalting	<input type="checkbox"/>
Kerb and Gutter	<input type="checkbox"/>	Drainage	<input type="checkbox"/>
Concrete Pavements	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Safe Work Method Statements in Use (Check When Signed Off)

	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Risk Matrix					
If hazard is rated 1, 2 or 3, take action immediately					
If risk rating cannot be reduced to 4, 5 or 6, stop work and seek solutions					
		How likely is it to occur?			
How severely could the risk hurt someone?		Very Likely	Likely	Unlikely	Very Unlikely
		Could happen any time	Could happen sometime	Could happen, but unlikely	Could happen, but probably never will
Extreme	Kill or permanently disable	1	1	2	3
High	Long term illness and lost time	1	2	3	4
Medium	Medical attention and time off work	2	3	4	5
Low	First aid	3	4	5	6

Risk/Hazard Identification and Controls						
No.	Risk/Hazard	Pre Rate	Controls/Actions	Post Rate	Responsible Person	Complete
						<input type="checkbox"/>
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PPE Requirements					
Hi-Vis Shirt	<input type="checkbox"/>	Steel Cap Work Boots	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Long Sleeve Shirt	<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>		<input type="checkbox"/>
Nightwork Shirt	<input type="checkbox"/>	Gloves	<input type="checkbox"/>		<input type="checkbox"/>
Long Work Pants	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>		<input type="checkbox"/>
Hard Hat	<input type="checkbox"/>	Wide Brimmed Hat	<input type="checkbox"/>		<input type="checkbox"/>

Staff on site - signing this form deems an understanding of the site risks

Name	Signature	Fit For Duty
		<input data-bbox="1417 293 1460 331" type="checkbox"/>
		<input data-bbox="1417 383 1460 421" type="checkbox"/>
		<input data-bbox="1417 472 1460 510" type="checkbox"/>
		<input data-bbox="1417 562 1460 600" type="checkbox"/>
		<input data-bbox="1417 651 1460 689" type="checkbox"/>
		<input data-bbox="1417 741 1460 779" type="checkbox"/>
		<input data-bbox="1417 831 1460 869" type="checkbox"/>
		<input data-bbox="1417 920 1460 958" type="checkbox"/>
		<input data-bbox="1417 1010 1460 1048" type="checkbox"/>
		<input data-bbox="1417 1099 1460 1137" type="checkbox"/>
		<input data-bbox="1417 1189 1460 1227" type="checkbox"/>
		<input data-bbox="1417 1279 1460 1317" type="checkbox"/>
		<input data-bbox="1417 1368 1460 1406" type="checkbox"/>
		<input data-bbox="1417 1458 1460 1496" type="checkbox"/>
		<input data-bbox="1417 1547 1460 1585" type="checkbox"/>
		<input data-bbox="1417 1637 1460 1675" type="checkbox"/>
		<input data-bbox="1417 1727 1460 1765" type="checkbox"/>
		<input data-bbox="1417 1816 1460 1854" type="checkbox"/>
		<input data-bbox="1417 1906 1460 1944" type="checkbox"/>
		<input data-bbox="1417 1995 1460 2033" type="checkbox"/>