

## WORK ORDER FORM

- |   |                                 |  |                                 |
|---|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Platinum Sinking Fund Forecast | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Survey *                             | <input type="checkbox"/> Update |
| <input type="checkbox"/> Sinking Fund Forecast          | <input type="checkbox"/> Update | <input type="checkbox"/> Asbestos Register and Management Plan *       |                                 |
| <input type="checkbox"/> Utility Cost Management Report | <input type="checkbox"/> Update | <input type="checkbox"/> Emergency Management Plan (EMP) – CD Training |                                 |
| <input type="checkbox"/> Safety Report                  | <input type="checkbox"/> Update | <input type="checkbox"/> Other _____                                   |                                 |

\* It is highly recommended, that an Asbestos Management Plan and Register be ordered at the same time as the Asbestos Survey. The Owners Corporation will only be charged for the Management Plan and Register if Asbestos is identified.

### CORRESPONDENCE TO:

Full Name \_\_\_\_\_ Company \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### BUILDING INFORMATION:

Building Name \_\_\_\_\_ Unit Title Scheme \_\_\_\_\_ ☐ Heritage Listed\*  
 Street Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Number of Lots \_\_\_\_\_ Year Built \_\_\_\_\_ Are Registered Plans Available? ☐  
☐ Unit Title Scheme ☐ Residential ☐ Commercial ☐ Non-Strata  
 Is an onsite meeting required? ☐ Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 \*Please note, unless we are specifically instructed otherwise, we will require a meet on site contact to be present for all Heritage Insurance Valuations  
 Is key access required? ☐ Yes ☐ No Keys are available from: \_\_\_\_\_

### SINKING FUND FORECAST: Please Complete

Financial Year Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated Balance at Start of Financial Year: \$ \_\_\_\_\_  
 Registered for GST ☐ Yes ☐ No Total Annual Sinking Fund Levy \$ \_\_\_\_\_  
 Stage development ☐ Yes ☐ No **Divided** by number of unit entitlements \_\_\_\_\_  
 Are lift refurbishments to be included? ☐ Yes ☐ No **Equals** annual sinking fund levy per entitlement \$ \_\_\_\_\_  
 Is there any additional income applicable to the fund? (eg. communications towers or signage rentals) ☐ Yes ☐ No  
 If so, please specify: Income Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per annum  
 Is painting to be included? ☐ Yes ☐ No (Please note additional charges will occur)  
 Are there any special by-laws or other issues that may affect the services we are providing? For example are there any known defects, works recently completed or in progress, quotes for work, due or in progress, any special contracts (such as annual painting or lift maintenance) or other maintenance history? Please detail below:

### EMERGENCY MANAGEMENT PLAN: Please complete

Has an onsite Emergency Control Organiser (ECO) been appointed? ☐ Yes ☐ No  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Appointed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FINAL REPORT DETAILS:

Date report required by: \_\_\_\_/\_\_\_\_/\_\_\_\_ or: ☐ Within 4 Weeks  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Quote Reference: \_\_\_\_\_

**Please fax form back to 1300 136 037 or email to [orders@solutionsinengineering.com](mailto:orders@solutionsinengineering.com)**

\* Please note if plans are not made available, they will be purchased at a cost of \$33.00 to the Body Corporate.

**Should you have any queries, please do not hesitate to call us on 1300 136 036**

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