Alpha Door Systems Inc. - Work Order

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Job #

Customer

Contact | Site Phone # | Your P.O.#

General Description:

Date		Hrs		Hrs	PO #	Qty	Description
Rep.							
Rep. 2							
Rate		1x, 1.5x, 2x		1x, 1.5x, 2x			
Hours							
Cause of problem:							

Description of work completed:

Recommendations:

Job Site Health an Safety Assessment

☐ Check in with site contact and review work to be completed

Job Review

- ☐ Hot Work Permit
- ☐ Lock Out / Tag Out
- ☐ Lift Equipment c / w inspection
- ☐ Barriers / Caution Tape Work Space
- ☐ Traffic

Environment / Site

- ☐ General Tidiness
- ☐ Tool / Part Count
- ☐ Slip Hazards
- ☐ Fire Extinguisher
- ☐ Noise
- ☐ Hazardous Substances (MSDS)

Personal Protection

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Work Boots
- ☐ Safety Vest
- ☐ Hearing Protection
- ☐ Face Shields or Covers
- ☐ Fall Arrest

☐ Sign out with site contact and review work completed

Customer's Signature: Print Name: Date: