

Job Docket

FROM (SENDER)						ТО	TO (RECIEVER)							
Name:						Na	Name:							
Address:							Ad	Address:						
Access:							Ac	cess	:					
Phone:							Ph	Phone:						
CHARGE	PAYABLE	ТО					DE	TAIL	_S					
							R/F	R/Plan:				Account:		
							Wa	aybill	:			Volume:		
						Order:				Package:				
					Со	Container(s):				Type:				
									loor		_			
DATE	TIME	DESC	RIPTION					COMMENT						
			ı											
SPECIAL INSTRUCTION				DESCRIPTION O					F SERVICE Qt R			е Тах		Total (Inc)
SITE RISK ASSESSMENT			UPLIFT DEL						CONT	POI				
SITE KIS	K ASSESSI	/IENT	UPI	LIFT		DEI	LIVE	RY		SURES	5	TRAVEL	_ TIM	ES
	isk (circle h		Y	N	NA		N	RY NA			•	Work sta		ES



Awkward / irregular items							Arrive Residence			
Traffic / parking / loading							Depart Residence			
Power lines / eaves / trees							Arrive Depot			
Fences / Stairs / Balcony / Railings		<u></u>					Morning Break start			
Other (Children / Pets / Biological / etc							Morning Break end			
If a risk is identified, ensure the and/or The Company has con Record the control measures	d safety controls.									
if extra space required on the	Lunch Break end									
Team Leader Signature:	Afternoon Break start									
							Afternoon Break end			
	Work end									
MATERIALS				EST						
UPLIFT					DELIVERY					
I hereby declare that I have received the CONTRACT FOR REMOVALS AND STORAGE. I have checked my residence ensure all items have been collected.				in (I hereby declare that I have received the above in good order and condition and unpacked to my satisfaction.					
Signed:					Signed:					
Date: / /	Da	Date: / /								