RISK : JOBSHEET APR 2014 TEMPLATE.pdf

2 / 3 162% Tools

ll out the following form. If you are a form author, choose Distribute from the Forms panel in the Tools Pane on the right to send it to your recipients.

			-
			-
			-
			-
			-
			-

TECH LEADER D OWENS **DATE**

SITE CONTACT / TEL NO:

TRAVEL START TIME **RETURN TIME** **HRS CLAIMED**

DESCRIPTION OF DAMAGE

MAKE YOUR OWN BESPOKE FLOOD TECHNICIAN SOFTWARE
WE'LL SHOW YOU HOW!

ROOMS / AREAS BEING WORKED ON:

UNDERTOOK HEALTH RISK ASSESSMENT. SCORE		SEWAGE UNSANITARY TRAUMA	
UNDERTOOK GRIMM AIR TESTING		VALIDATED HYGIENE CLEAN UNDERTAKEN	
REMOVED VISIBLE CONTAMINANTS		NUMBER OF ATP SWABS USED	
EXTRACTED EXCESS WATER		FIRE DAMAGE CLEAN	
PUMPED OUT FLOOD WATER		SET UP SET DOWN DRYING PROGRAM	
REMOVED CONTENTS TO WAREHOUSE (ATTACH INVENTORY)		MONITORING / SERVICE VISIT	
REMOVED CONTENTS FOR DISPOSAL (ATTACH INVENTORY)		SET UP SET DOWN MONITORING PROGRAM	
REMOVED DAMAGE FLOORING --		SPECIALIST DRY STEAM DRY ICE BLASTING	
CLEANED AFFECTED ACCESSIBL		TRUCKMOUNT CLEANING SYSTEM HOURS OPERATED	
CLEANED		NUMBER OF CALCIUM CARBIDE TESTS UNDERTAKEN	
CARRIED OUT AIR SCRUB AIR	-	HAVE THE ELECTRICS BEEN CHECKED	N/A
MYCOMETER FUNGAL BIOMASS TEST : AIR	-	IS AN ELECTRICIAN REQUIRED	NO

FOR DISPOSAL
SET ASIDE TO RELAY
RETURNED TO OUR W'H
--