

SITE MANAGEMENT PTY LTD

ACN 053 145 485



FAULT / INCIDENT REPORT FORM

ATT: _____ DATE: ____/____/____

COMPANY NAME: _____

SITE: _____

FAULT REPORTED BY: _____ DATE: ____/____/____

q FAULTY LIGHT SWITCHES: _____ LOCATION: _____

q DEFECTIVE LIGHT BULBS: _____ LOCATION: _____

q LEAKY TAPS: _____ LOCATION: _____

q TOILET FLUSHES: _____ LOCATION: _____

q DEFECTIVE TOILET DISPENSERS: _____ LOCATION: _____

q DEFECTIVE TOWEL DISPENSERS: _____ LOCATION: _____

q DOOR LOCKS: _____ LOCATION: _____

q BROKEN/LOOSE FURNITURE/FITTINGS/FIXTURES: _____ LOCATION: _____

q DEFECTIVE LIFTS: _____ LOCATION: _____

q POWER OUTLETS: _____ LOCATION: _____

q SECURITY MATTERS: _____ LOCATION: _____

q FLOOR SURFACE CONSIDERED HAZARDOUS: _____ LOCATION: _____

q WINDOW LOCKS: LOCATION:

q ELECTRICAL APPLIANCES: LOCATION:

q OTHER:

REMARKS:

FAULT IS: HAZARDOUS q INCONVENIENCING WORK IN PROGRESS q NO REAL DANGER q

MUST ATTENDED TO: IMMEDIATELY q WHEN CONVENIENT q

PLEASE CONTACT OUR OFFICE TO CONFIRM RECEIPT OF THIS REPORT.