

Date _____
 Site _____
 Requested by _____



Description of Job / Area to be Cleaned

Labour requirements:

Date Required From: _____ To: _____

Type of Labour: Please specify if - cleaner, high access, assistant mill, other

No of Cleaners Required: _____

No of Days Required: _____

No of Hours Per Day: _____

Shift (Tick appl) Day _____ Afternoon _____ Night _____

NB PLEASE NOTE: Overtime Request must be signed off by client PRIOR to work being done,

CLIENT SIGNATURE: _____

P O NUMBER: _____

Please complete if applicable - High Access Cleaning / Specialized Work

Chemical / Cleaning Material Requirements:

Chemical	Volume 5L or 25L	Quantity:

Additional Equipment (High Access Machine/High Pressure/Scaffolding):

Description - clearly clarify machine specs	No of Days needed