

Date \_\_\_\_\_  
 Site \_\_\_\_\_  
 Requested by \_\_\_\_\_



Description of Job / Area to be Cleaned

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**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