

Your Business Name

ABN 00 000 000 000

1 Your Street, Your Suburb QLD 4000

0400 000 000 · you@yourbusiness.com.au

Report no.

SR-0001

Date

30/09/2026

Job / quote

WO-0001

Team member

Your name

CUSTOMER & SITE DETAILS

Customer name

Customer name

Site address

Customer address

Phone

Email

VISIT

Property type

Job date

30/09/2026

Start time

Finish time

Weather / access notes

Reason for visit / fault reported

The fault reported or the service requested.

Work carried out

What was done on this visit.

Job status

☐ Completed ☐ Follow-up required ☐ Quote required ☐ Parts required

SAFETY CHECKLIST

Safety & testing

☐ Power isolated where required ☐ Work area left safe and clean ☐ Switchboard inspected
☐ RCD / safety switch tested ☐ Smoke alarms checked ☐ Customer advised of findings

Recommendations / follow up

Anything still to do, and what you recommend.

Internal notes

MATERIALS / LABOUR USED

QTY	DESCRIPTION	UNIT PRICE	GST	LINE TOTAL

TESTING / INSPECTION RESULTS

CIRCUIT / AREA	TEST PERFORMED	RESULT	NOTES

CUSTOMER ACKNOWLEDGEMENT & E-SIGN

Customer confirms the report has been explained and the site has been left in a safe condition.

☐ I acknowledge the completed works and report details.

Customer name

Typed signature

Date

Signature