

ASBESTOS AUDIT ORDER FORM / QUOTE REQUEST

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Please mark with "x".

FREE QUOTE

WORK ORDER

Date: _____

CLIENT DETAILS

Name of Client _____ Date _____
 Postal Address _____ Tel (W) _____
 _____ Fax _____
 _____ Mobile _____
 Email: _____ (required)
 Property Owner: _____
 ACN/ABN: _____
 Owner's Address _____
 Site Contact Name: _____ Phone: _____

PROPERTY INFORMATION

Building Name: _____ Scheme Name: _____
 Street Address: _____ CTS No. _____
 Suburb/City: _____ Postcode: _____
 Current Use & Tenants in Building: _____ No. Units: _____
 Building Area (m2): _____ No. Rooms/ Offices: _____
 Date Constructed: _____

Do you know of any lifts, cranes or ducted air conditioners in the building? *(if so, who does the maintenance for them?)*

Is a site induction required y/n ?

Do you require personal protective equipment to be worn at induction or our inspection as part of your company policy: y/n? *(if yes, please provide details e.g. fluorescent shirts, safety hats/glasses etc.)*

How did you hear about Abscan?

<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Abscan Website	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Solicitor
<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV / Radio Ad	<input type="checkbox"/> Previous Client	<input type="checkbox"/> Recommended
<input type="checkbox"/> Flyer / Brochure			

Our Terms and Conditions are available for viewing on our website www.abscan.com.au

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 Regions Serviced:

- Townsville & North Queensland
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