Customer Care Field Report

Case Reference and Task No. 27a22a74				2022-02-09
Completed ⊗	**Return Visit Required** ○	**New Issues Reported** ○	**Reschedule Required** ○	**Parts Only Required** ○

Technician Name	Sun Head	Secondary Technician

Owner Information

First and Last Name	Zancor	Primary Phone:	Secondary Phone:
Address	Lot 35	Lot Number:	City:

Courtesy Call and Sign In/Out

Time of Sign In at Trailer/Arrival at Site:		Time of Sign Out at Trailer/Departure from Site:	
Time of Courtesy Call:			

Work Performed

Deficiency Number	Wdw Fail Code	Door Fail Code	Description	Photos Yes / No
1			Adjust front door	○ ○
2				○ ○
3				○ ○
4				○ ○
5				○ ○
6				○ ○
7				○ ○

Additional Reports/Forms

Form Name	Yes / No	Form Name	Yes / No
Stress Crack Report:	○ ○	Installation Report:	○ ○
Other Form/Report:	○ ○	Air/Water Intrusion Report:	○ ○

Tech Observations / Notes

Parts and Labour Required for Next Visit:

Room Location	Description (size, colour, thickness, bar pattern, handing, etc.)

Job Status

Return Crew Size Required:	Hours Needed:	Equipment Required:

Signature: (Person provided site access)	Done	Complete ✕	Incomplete	Date: 2022-02-09

commentaires/comments

Numéro de dossier *CIT #:* 27a22a74 **Date:** 2022-02-09 **Propriétaire** *Homeowner:* Lot 35

Waiver (accessibility to JW product)

Date: 2022-02-09

JELD-WEN Claim: 27a22a74

Customer Name: Zancor

Service Address: Lot 35

Room Location: _____

In order to perform the warranty repair to the JELD-WEN product installed in the location noted above, appropriate access to the window / door is required.

JELD-WEN is not responsible to remove window coverings nor to move furniture or homeowner belongings in order to make the product accessible. However, at your request and in order to proceed with the service call today, JELD-WEN will:

- ☐ Remove window coverings
- ☐ Move household items
- ☐ Make the product accessible by_____

By signing below, you assume all responsibility and your signature below absolves JELD-WEN and its representatives of any claims resulting of the aforementioned accommodations and indicates that you (the homeowner) requests a JW field representative perform the action noted above.

Thank you,
JELD-WEN Customer Care

2022-02-09

Customer Signature Date

fenêtres/windows	Retour - Inventaire / *Return - Inventory*		Pièces seulement / *Parts only*	

numéro de cas
Cit Case #:

DATE :

Propriétaire
Homeowner:

sealed units

Style	Type	PR#	Ligne # Line#	failure description du défaut	failure code de défaut	verre réel real galss	verre visible visible glass	Largeur Width	Hauteur Height	haut. Sec. Height	Larg. Sec. Width	type de carrelage Grill Type	couleur du carrelage Grill Colour	patron du carrelage Grill pattern	sealed unit type de thermo	qté th S/U Qty

window parts

Style	Type	PR#	Ligne # Line#	failure description du défaut	failure code de défaut	description	qté qty

Added Note`s:

Porte / *Doors*

Retour - Inventaire / *Return - Inventory* ☐ **Pièces seulement** / *Parts only* ☐

Numéro de dossier *C* 27a22a74 **Date:** 2022-02-09 **Propriétaire** *Homeowner:* Zancor

Type	**# Production** *PR#*	**# ligne** *Line#*	failure code	description	**Qté** *Qty*

Note spécial / *Special Note*

Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #:* 27a22a74 **Date:** 2022-02-09 **Propriétaire** *Homeowner:* Zancor

Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #:* 27a22a74 **Date:** 2022-02-09 **Propriétaire** *Homeowner:* Zancor

Service Case Autopsy Report

Glass Stress Cracks

Reminder to only use 1 form, for every 1 window investigated

Case # 27a22a74 _____ Date of Visit: 2022-02-09 _____

_____ Tech Name Sun Head _____

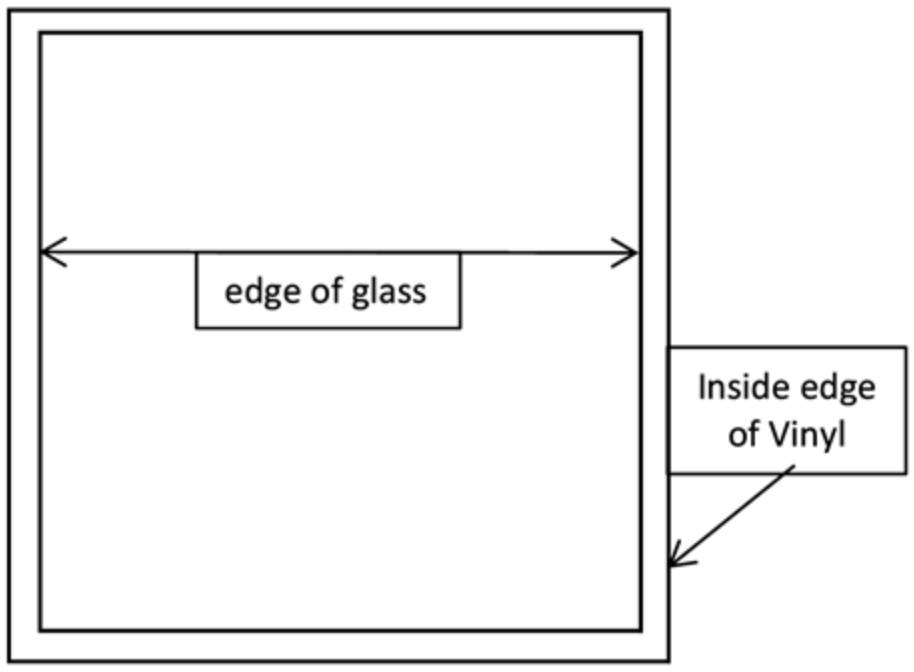
Type of Window: _____ G #: _____

Dual or Tri Pane? _____ Glass Size : _____

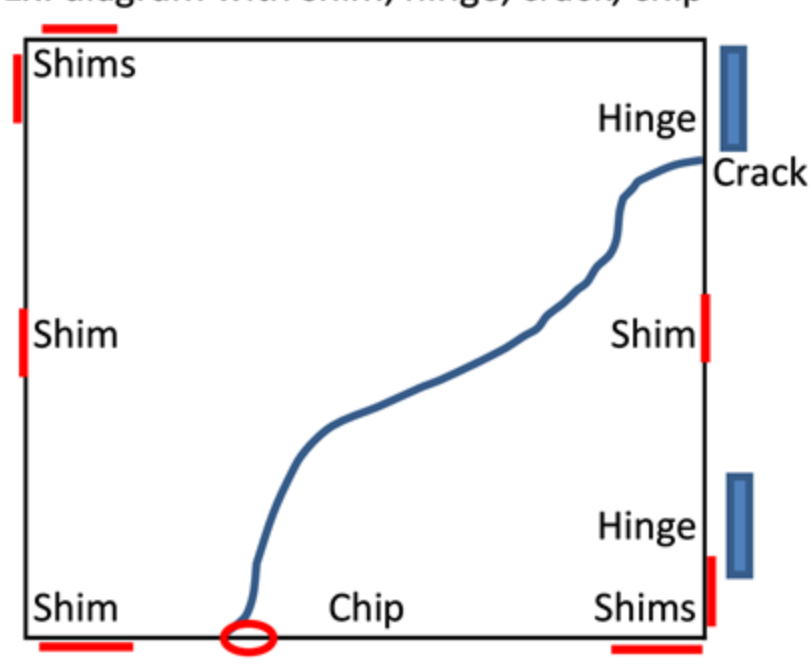
glass OD? _____

Using the pictures below:

1) Draw the stress crack on the IGU
2) Draw the placement of all shims
3) Draw the point of contact of the vinyl to the glass
4) Draw hinge placement if a casement window



Ex: diagram with shim, hinge, crack, chip



Please provide some additional information on the window

(Circle the answer that applies)

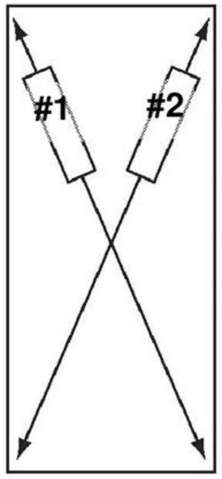
1) Did the glass seem too tight?	
2) Was there damage to edge of the glass where crack started?	
3) Is there a "bow" in the sash?	
4) Is the grey HB Fuller sealant touching the vinyl?	
5) Is the glass set in crooked with an appearance of an angle?	
6) Is the sash vinyl touching the glass?	
7) Are the IGU lites offset or out of square?	
8) Is there evidence of damage caused by transportation?	

JELD-WEN
PORTES ET FENÊTRES
WINDOWS & DOORS
Collection Donat Flamand®

90, rue Industrielle
Saint-Apollinaire (Québec)
Canada G0S 2E0
418 881-3974 Tél
418 881-2514 Fax
www.jeld-wen.ca

RAPPORT D`INSTALLATION

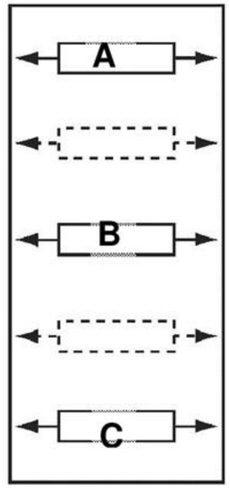
Install report



#1	
#2	
	intérieur / Inside
	extérieur / Outside

Mesure de coin à coin (équerre)

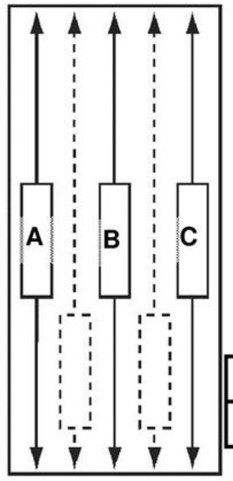
Corner to corner measurement (squareness)



A	
B	
C	
	intérieur / Inside
	extérieur / Outside

Mesure horizontale (largeur)

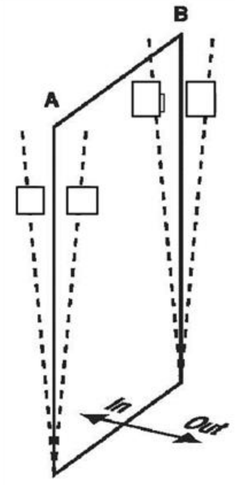
Horizontal measurements (width)



A	
B	
C	
	intérieur / Inside
	extérieur / Outside

Mesure verticale (hauteur)

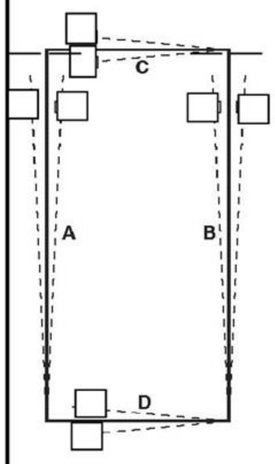
Vertical measurements (height)



A	
B	

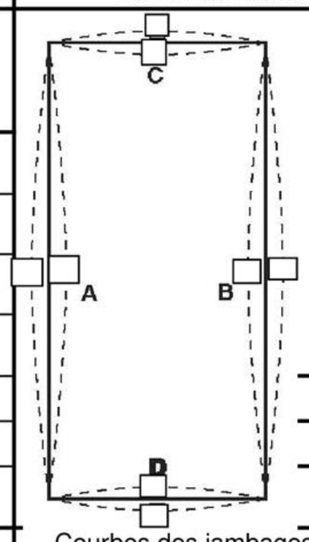
Aplomb

Plumbness



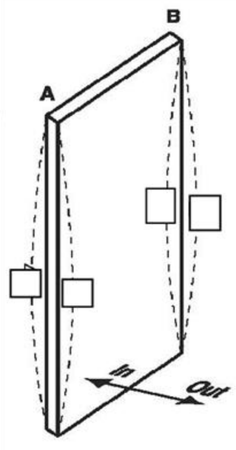
	volet/cadre Sash / Frame
A	
B	
C	
D	
	intérieur / Inside
	extérieur / Outside

Niveau (2 jambages, tête, seuil) cocher les boites selon le côté(inscrire mesure)
level (2 jambs, head, sill); check boxes as needed (write dpwn measurements)



	volet/cadre Sash / Frame
A	
B	
C	
D	
	intérieur / Inside
	extérieur / Outside

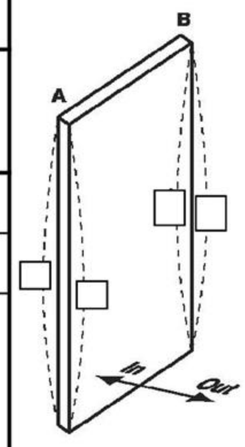
Courbes des jambages (de côté) cocher les boites selon le côté(inscrire mesure)
Bowed jambs (sideway); check boxes as needed (write dpwn measurements)



	cadre Frame
A	
B	

Courbes des jambages

Bowed jambs



	volet Sash
A	
B	

Courbes des jambages

Bowed jambs

Notes :

Appel de service / CIT # : 27a22a74

Tech: Sun Head

Date: 2022-02-09

JELD-WEN WINDOWS & DOORS

JELD-WEN Customer Support
Worksite Hazard Assessment – Form A

Order #: 27a22a74	Site Name: Zancor	Completed by: Sun Head	Date: 2022-02-09

Section I - FALL HAZARD ASSESSMENT CHECKLIST

The homeowner or designated individual over 18 must be on site during service activities

1. Can the technician enter the area without restriction and perform work? (If NO contact manager)	☐ Yes	☐ No
2. Will work from a height greater than 6 feet be required?	☐ Yes	☐ No
a – Will a ladder be used? (if YES complete Section II)	☐ Yes	☐ No
b - Will a manlift or scaffolding be required to reach the work area? (if YES complete section III)	☐ Yes	☐ No
c - Will work be performed off of a roof or other structure*? (if YES complete section IV)	☐ Yes	☐ No
3. Have slipping and tripping hazards been removed or controlled? (if No complete section V)	☐ Yes	☐ No
4. Are there specific parking instructions? If yes detail in comments section.	☐ Yes	☐ No
5. Is the structure built in 1978 or earlier (Lead?) if YES see section V	☐ Yes	☐ No
6. Structure built before 1980? If Yes, has asbestos survey been completed?	☐ Yes	☐ No
7. Are materials/ product able to be safely handled by one employee? (if NO see section V)	☐ Yes	☐ No
8. Does the worksite contain any other recognized safety and/or health hazards, i.e. pets, adverse site conditions, overhead powerlines, etc. ? (if YES complete section V)	☐ Yes	☐ No

Section II – Ladder Usage Assessment Information

Initials	Hazard			Remarks/Recommendations
	Potential fall distance:			
	Area underneath ladder is stable or can be stabilized (check for utility lines)	☐ Yes	☐ No	
	Ladder can be anchored to structure	☐ Yes	☐ No	If "NO" Contact Field Manager
	Location of power lines (Distance to work			

Section III – Manlift/ Scaffolding Usage Information: ** Use of Manlift must be approved by Field Manager*

Initials	Condition/ Hazards			Remarks/Recommendations
	Training is complete (See section VI)	☐ Yes	☐ No	
	Height of work area off ground level:	☐ Yes	☐ No	
	Use of Fall protection (Harness and Lanyard)	☐ Yes	☐ No	
	Location of Power lines (Distance to work			
	Management Approval	☐ Yes	☐ No	

Section IV - Working from Heights/ Roof Assessment Information ** Must be approved by Field Manager*

Initials	Condition/ Hazards			Remarks/Recommendations
	Pitch and type of roof:			
	Potential Fall Distance			
	Type of Fall Protection Needed			
	Management Approval	☐	☐	

Section V - Additional Recognized Safety Hazards:

Initials	Condition/ Hazards			Remarks/Recommendations
	Does the Customer have pets?	☐ Yes	☐ No	
	Lead – painted surfaces flaking, cracked or	☐ Yes	☐ No	Contact Operations Manager
	Site Conditions for product delivery			
	Material / Product Handling Issues			

Section VI - Training requirements (*NOTE: If aerial/ man-lifts will be utilized, training must be conducted by the equipment provider. The operator shall utilize and sign the CCWD Training Documentation form and keep on site for the term of the project*):

Initials	Required Training	Completed	
	1. Certified Lift Operator	☐ Yes	☐ No
	2. Certified scaffolding erector (Have been trained in the use of scaffolding)	☐ Yes	☐ No
	3. Ladder Safety	☐ Yes	☐ No

Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #:* 27a22a74 **Date:** 2022-02-09 **Propriétaire** *Homeowner:* Lot 35

Section VII – Site/ Job Specific information

- Scope of work description (Attach Elevation, sketch, or Photo's if applicable):

☐ **Approved**

AUTHORIZATION

I certify that I have conducted a Worksite Hazard Assessment of the above designated location and have detailed the findings of the assessment on this form. *** Further detailed on attachment:** ☐ **Yes** ☐ **No**

***** NOTE: The initial assessment was conducted off site. It is the responsibility of the field service technician to ensure, once on site this document is accurate and any changes or additions have been made so the project can be conducted in a safe manner. If wor cannot be done in a safe manner the project will not commence and the field service technician shall contact their supervisor t report the unsafe conditions and discuss corrective actions.***

Name: Sun Head	Signature:	
Title:	Date: 2022-02-09	Time:

ASSESSMENT FORM RETENTION INFORMATION		**ATTACHMENTS**
Permanent Retention File:	**Location:**	☐ ***Yes** ☐ **No**
Date Filed: 2022-02-09	**Filed By:** Sun Head	***See Following Pages**

Site Specific Emergency Contact Information:

Type of Agency	Name of Agency	Phone Number
Ugent Care/ Medical Services		
Ambulance		
Fire		
Police		
Gas / Utilities		
Poison Control Center		
Misc		

Submit **Reset**