

Customer Care Field Report

Case Reference and Task No.: 11N22A88				2022-03-31	
Completed <input checked="" type="checkbox"/>	Return Visit Required <input type="checkbox"/>	New Issues Reported <input type="checkbox"/>	Reschedule Required <input type="checkbox"/>	Parts Only Required <input type="checkbox"/>	
Technician Name: Abdul Hashimi			Secondary Technician		
Owner Information					
First and Last Name: JUSTIN/ROSE ATTIFIELD			Primary Phone: 6479627830	Secondary Phone:	
Address: 26 Mumberson St			Lot Number: 9	City: Cookstown	
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	DOPP		*** The bedroom-2 csmnt operator Roto gear has been replaced. Also the top and bottom hinges have been adjusted.	<input type="checkbox"/>	<input type="checkbox"/>
2	DWMP		*** The garden door all around weather stripping has been replaced, dust pats installed and bottom sill cap has been adjusted.	<input type="checkbox"/>	<input type="checkbox"/>
3	PLKP		*** The bedroom-4 sash top keeper has been raised up 1/4 inch, hinges and hinges have been adjusted.	<input type="checkbox"/>	<input type="checkbox"/>
4	DLBP		*** The master ensuite csmnt operator MPL has been replaced and window adjusted.	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
Additional Reports/Forms			Tech Observations / Notes		
Form Name	Yes / No	Form Name	Yes / No	*** The bedroom-2 Roto gear was defective. Also It was difficult to closed the sash. *The garden door weather stripping were short, daylight was visible. *** The master ensuite MPL was loose, Also dual Arm stuck in the stash. The bedroom-4 window keeper hit the T-bars.	
Stress Crack Report:	<input type="checkbox"/> <input checked="" type="checkbox"/>	Installation Report:	<input type="checkbox"/> <input checked="" type="checkbox"/>		
Other Form/Report:	<input type="checkbox"/> <input checked="" type="checkbox"/>	Air/Water Intrusion Report:	<input type="checkbox"/> <input checked="" type="checkbox"/>		
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)		Complete <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/>		Date: 2022-03-31	

Numéro de dossier *CIT* #:

11N22A88

Date:

2022-03-31

Propriétaire *Homeowner*:

26 Mumberson St



Waiver (accessibility to JW product)

Date: 2022-03-31
JELD-WEN Claim: 11N22A88
Customer Name: JUSTIN/ROSE ATTIFIELD
Service Address: 26 Mumberson St
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

2022-03-31

Customer Signature

Date

**Propriétaire
Homeowner:**

[illegible]

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Numéro de dossier C111N22A88

Date: 2022-03-31

Propriétaire Homeowner: JUSTIN/ROSE ATTIFII

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

Note spécial / Special Note

1 of 3

PRINTED ON: 03/30/22 11:13AM

PRINTED BY: mamassa

JELD-WEN
Field Service Work Order

DISPATCHED BY:
Sarah Taylor
1201 NEWARK RD
MOUNT VERNON, OH 43050
PHONE: 800-458-9128
FAX: 800-820-3993

SOLD TO: 063948
ZANCOR HOMES (COOKSTOWN) LTD
PROJ: COOKSTOWN 221 NORTH RIVERMED
CONCORD, ON L4K 3N7
PHONE:
FAX:

JOB SITE ADDRESS:
JUSTIN/ROSE ATTIFIELD
26 Mumberson St
COOKSTOWN, ON L0L 1L0
Subdiv/Proj: COOKSTOWN
Phase:
Primary Phone: 647-962-7830
Alternate Phone:

BUSINESS: ZANCOR HOMES (COOKSTOWN) LTD
GISELLA FIORE
Primary Phone: 905-738-7010
Fax:
Email: Gisella@zancorhomes.

BUILDER:
Primary Phone:
Email:

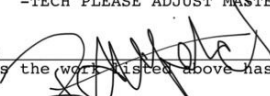
2 of 3

GENERAL INFORMATION: DAI 146198
Laundry Room-
General- Item #10- mudroom- Patio door weather
strip inside door rippled
-TECH PLEASE REPLACE WEATHER STRIPPING ON DOOR.

DAI 146202
Bedroom 2-
General-Item #14- windows has a hard time
locking.
-TECH PLEASE ADJUST WINDOW IN BEROOM 2.

DAI 146209
Bedroom 4- General-
Item #21- window mechanism that opens window is
broken.
-TECH PLEASE REPLACE ARM ON BEDROOM 4 WINDOW.

DAI 146213
Master Ensuite-
General- Item #25- window in master bath gets
stuck open.
-TECH PLEASE ADJUST MASTER ENSUITE WINDOW.

CUSTOMER SIGNATURE:  DATE: Mar.31.2022
* signature confirms the work stated above has been completed to my satisfaction

MANUFACTURING ORDER:
UW : 1122748

PARTS	CUSTOMER	SHIP	WARRANTY	TASK
SHIP	PO	VIA	DETERMINATION	DUE DATE
04/01/22	NZ553372	Company Trk	Parts and labor	04/01/2022

*****Additional Comments*****

Lot:
PO:

LINE	ITEM	DESCRIPTION	QTY	ORD	HOURS	EXT	HOURS
1	*SERV101	Setup-Cleanup-Cust Interaction NOTE: Quebec QST #1022276197 TQ0001 MB PST #872627195 MT0004 SK PST #1474196 BC PST #1014-0681	2		0.25		0.50
2	*SERVWN01	Window: Adjustment Required for locks NOTE: Quebec QST #1022276197 TQ0001 MB PST #872627195 MT0004 SK PST #1474196 BC PST #1014-0681	2		0.17		0.34
3	*servWn06	Window: Replace Hardware	1		0.17		0.17

3 of 3

NOTE: Quebec QST #1022276197 TQ0001
MB PST #872627195 MT0004
SK PST #1474196
BC PST #1014-0681

4 *servWn07
Window: Replace Roto Gear
NOTE: Quebec QST #1022276197 TQ0001
MB PST #872627195 MT0004
SK PST #1474196
BC PST #1014-0681

5 047419 Mfg: UW
V June2014-Present Csmnt Hardware : Right 13" Casement Roto
Gear (Standard) Dept: UWS Custom Order Line # Custom Order
Line #
NOTE: Sym/Loc: SD-BED4
Quebec QST #1022276197 TQ0001
MB PST #872627195 MT0004
SK PST #1474196
BC PST #1014-0681

6 P80275 Mfg: UW
V Weatherstrip 8'-Sng36" (Part Side: All sides Sable)**
Dept: UWS
NOTE: Quebec QST #1022276197 TQ0001
MB PST #872627195 MT0004
SK PST #1474196
BC PST #1014-0681

*****Additional Comments*****
JOB/TAG NAME: CLAIM# 11N22A88 LO T 9

Completed

Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #*:

11N22A88

Date:

2022-03-31

Propriétaire *Homeowner:*

JUSTIN/ROSE ATTIFIELD

Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #*: 11N22A88

Date: 2022-03-31

Propriétaire *Homeowner*: JUSTIN/ROSE ATTIFIELD



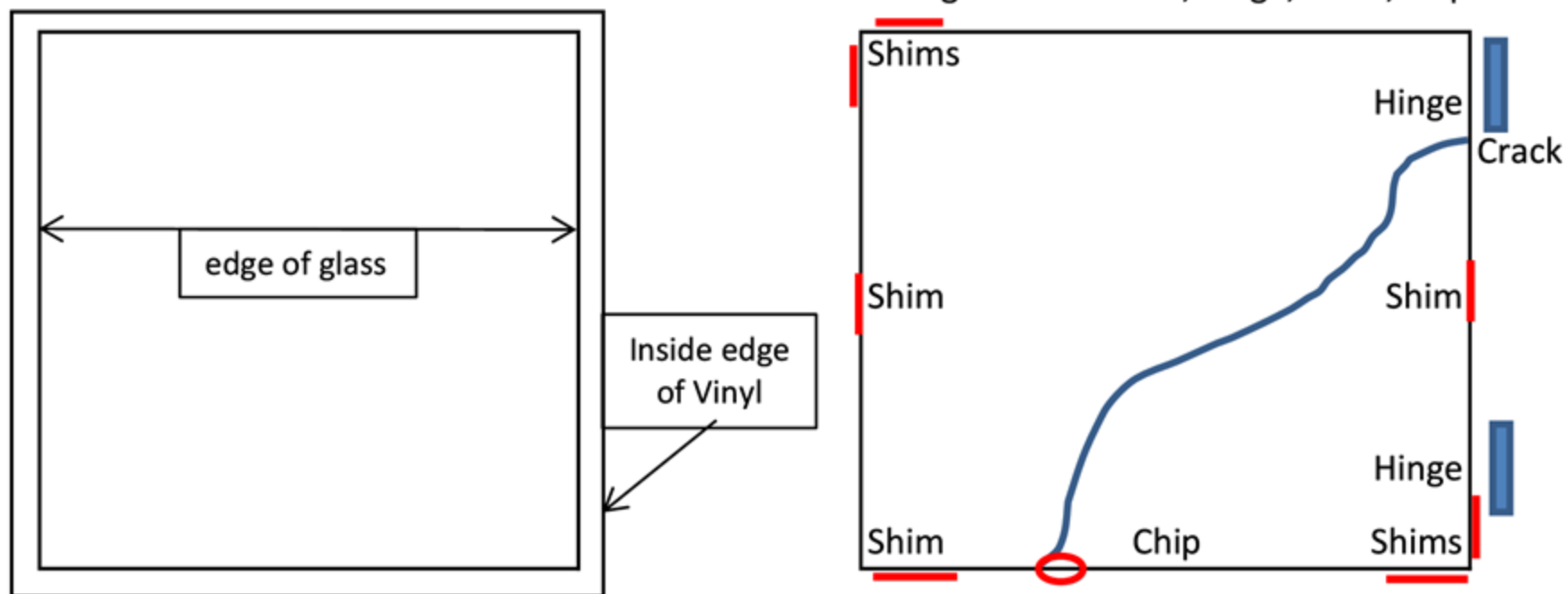
Service Case Autopsy Report Glass Stress Cracks

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

Case # <u>11N22A88</u> _____ _____ Type of Window: _____ Dual or Tri Pane? _____	Date of Visit: <u>2022-03-31</u> _____ Tech Name <u>Abdul Hashimi</u> _____ G #: _____ Glass Size : _____ glass OD? _____
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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

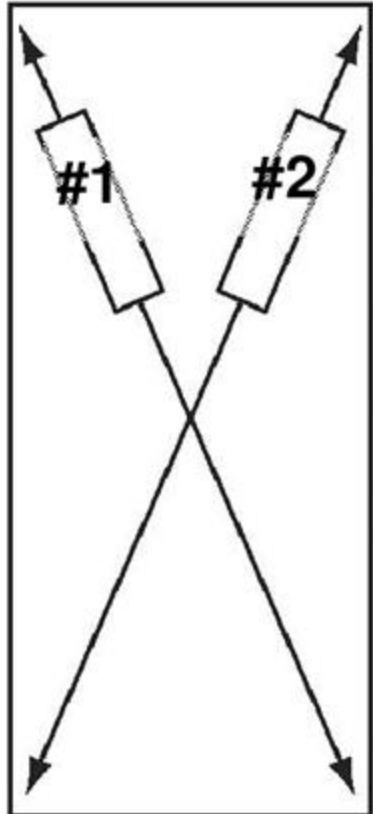
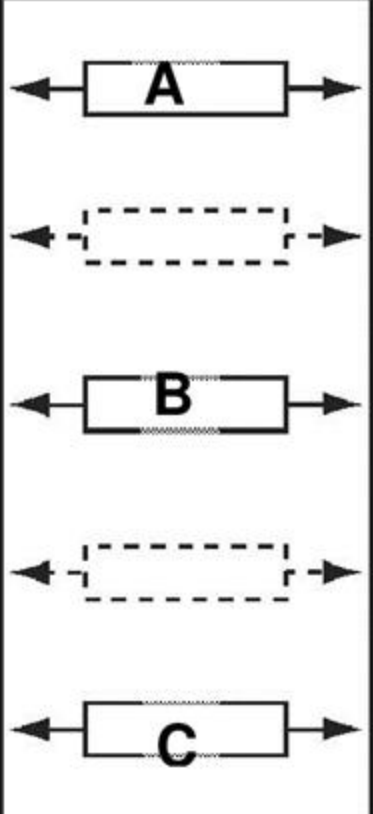
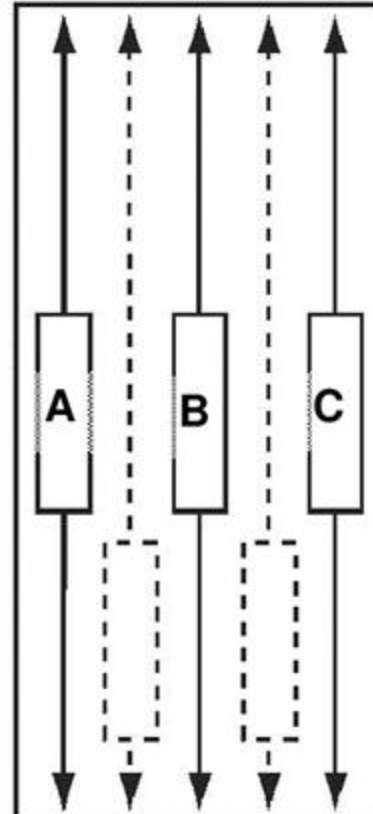
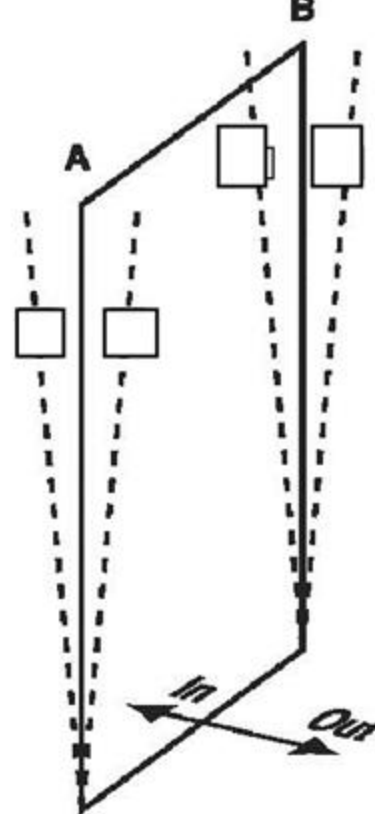
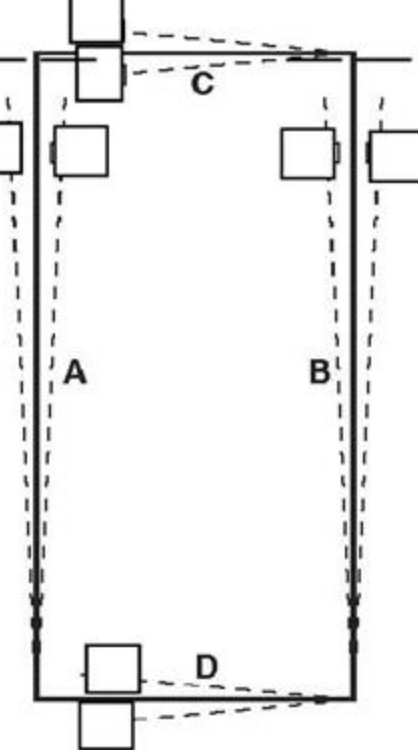
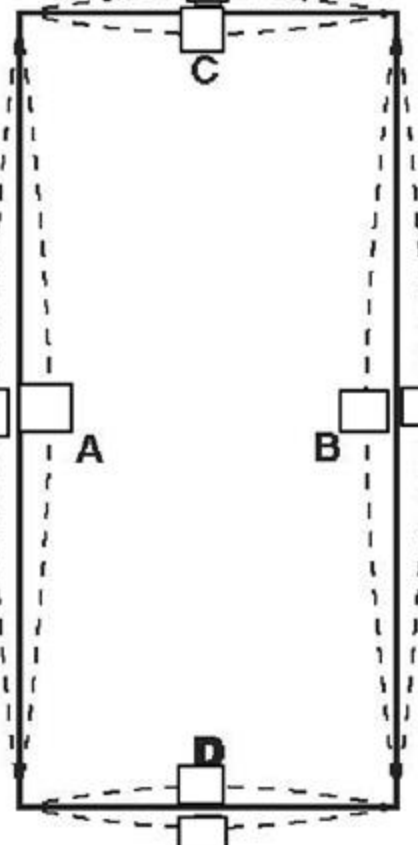
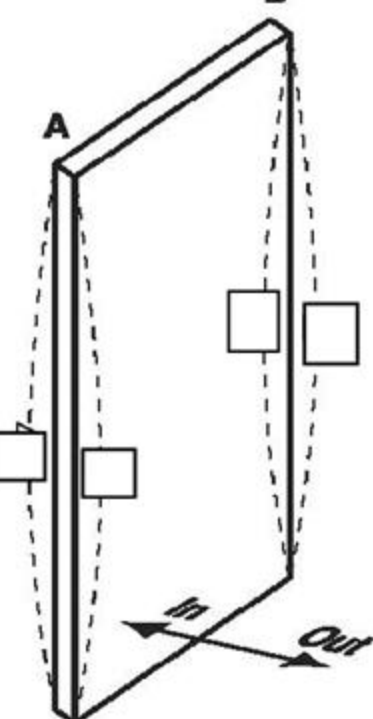
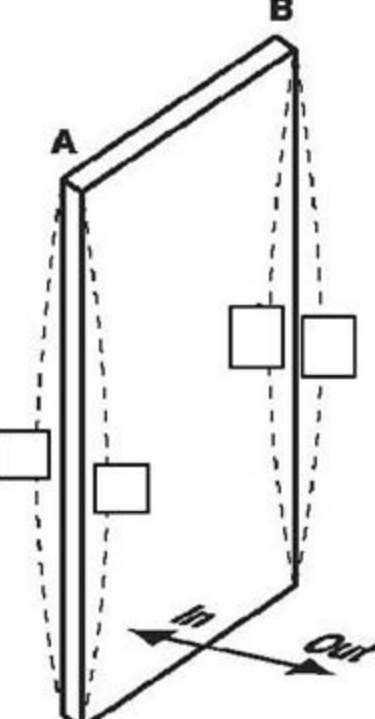


Please provide some additional information on the window
(Circle the answer that applies)

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?	

RAPPORT D'INSTALLATION

Install report

 <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: right;"> #1 #2 </div> <div style="border: 1px solid black; padding: 5px; width: 100px;"> </div> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">intérieur / Inside</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">extérieur / Outside</div> </div>	 <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: right;"> A B C </div> <div style="border: 1px solid black; padding: 5px; width: 100px;"> </div> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">intérieur / Inside</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">extérieur / Outside</div> </div>	 <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: right;"> A B C </div> <div style="border: 1px solid black; padding: 5px; width: 100px;"> </div> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">intérieur / Inside</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">extérieur / Outside</div> </div>	 <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: right;"> A B </div> <div style="border: 1px solid black; padding: 5px; width: 100px;"> </div> </div>
<p>Mesure de coin à coin (équerre) Corner to corner measurement (squareness)</p>	<p>Mesure horizontale (largeur) Horizontal measurements (width)</p>	<p>Mesure verticale (hauteur) Vertical measurements (height)</p>	<p>Aplomb Plumbness</p>
 <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: right;"> volet/cadre Sash / Frame </div> <div style="border: 1px solid black; padding: 5px; width: 100px;"> </div> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">intérieur / Inside</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">extérieur / Outside</div> </div>	 <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: right;"> volet/cadre Sash / Frame </div> <div style="border: 1px solid black; padding: 5px; width: 100px;"> </div> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">intérieur / Inside</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">extérieur / Outside</div> </div>	 <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: right;"> cadre Frame </div> <div style="border: 1px solid black; padding: 5px; width: 100px;"> </div> </div>	 <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: right;"> volet Sash </div> <div style="border: 1px solid black; padding: 5px; width: 100px;"> </div> </div>
<p>Niveau (2 jambages, tête, seuil) cocher les boîtes selon le côté (inscrire mesure) level (2 jambs, head, sill); check boxes as needed (write down measurements)</p>	<p>Courbes des jambages (de côté) cocher les boîtes selon le côté (inscrire mesure) Bowed jambs (sideway); check boxes as needed (write down measurements)</p>	<p>Courbes des jambages Bowed jambs</p>	<p>Courbes des jambages Bowed jambs</p>

Notes :

Appel de service /

CIT # : 11N22A88

Tech: Abdul Hashimi

Date: 2022-03-31

Order #: 11N22A88	Site Name: JUSTIN/ROSE ATTIFIELD	Completed by: Abdul Hashimi	Date: 2022-03-31
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)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Will work from a height greater than 6 feet be required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
a – Will a ladder be used? (if YES complete Section II)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b - Will a manlift or scaffolding be required to reach the work area? (if YES complete section III)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c - Will work be performed off of a roof or other structure*? (if YES complete section IV)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
3. Have slipping and tripping hazards been removed or controlled? (if No complete section V)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Are there specific parking instructions? If yes detail in comments section.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5. Is the structure built in 1978 or earlier (Lead?) if YES see section V	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. Structure built before 1980? If Yes, has asbestos survey been completed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7. Are materials/ product able to be safely handled by one employee? (if NO see section V)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ladder can be anchored to structure	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Height of work area off ground level:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Use of Fall protection (Harness and Lanyard)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Location of Power lines (Distance to work		
	Management Approval	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> <input type="checkbox"/>	
Section V - Additional Recognized Safety Hazards:			
Initials	Condition/ Hazards	Remarks/Recommendations	
	Does the Customer have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Lead – painted surfaces flaking, cracked or	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. Certified scaffolding erector (Have been trained in the use of scaffolding)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. Ladder Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Rapport Photo/ PICTURE REPORT

Numéro de dossier CIT #: 11N22A88

Date: 2022-03-31

Propriétaire Homeowner: _____ 26 Mumberson St

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 work cannot be done in a safe manner the project will not commence and the field service technician shall contact their supervisor to report the unsafe conditions and discuss corrective actions.**

Name: Abdul Hashimi

Signature:

Title:

Date: 2022-03-31

Time:

ASSESSMENT FORM RETENTION INFORMATION

ATTACHMENTS

Permanent Retention File:

Location:

☐

*Yes

☐

No

Date Filed: 2022-03-31

Filed By: Abdul Hashimi

*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