

Customer Care Field Report /rapport de service

| | | | | | |
|---|--|--|--|--|--------------------------|
| Case Reference No/ No de dossier.: 13a22a28 | | | | Date: 2022-06-06 | |
| Work Requested Completed /travaux demandés complétés <input checked="" type="checkbox"/> | | Work Requested NOT Completed/ travaux demandée non complétés <input type="checkbox"/> | | See Internal Comments On The Second Page/ voir commentaires pour usage internes sur la deuxième page <input type="checkbox"/> | |
| Technician Name/nom du technicien: Sun Head | | | | Secondary Technician/ nom du deuxième technicien: | |
| Owner Information/information du client | | | | | |
| First and last Name/ nom du client: Zancor | | | | Primary Phone/ téléphone primaire: | |
| Address: Lot 10 | | | | Secondary Phone/ téléphone secondaire: | |
| Lot #: | | | | City/ Ville: | |
| Courtesy Call and Sign In/Out/ appel de courtoisie et arriver,départ du site | | | | | |
| Time of Sign In at Trailer/heure d'arrivé sur le site: | | | Time of Sign Out at Trailer/heure de départ du site: | | |
| Time of Courtesy Call/ heure de l'appel de courtoisie: | | | | | |
| Work Requested/travaux demandés | | | | | |
| Deficiency #/# de la déficience | Door Fail Code | window Fail Code | Description | Photos Yes / No oui/non | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Performed /travaux exécutés | | | | | |
| | | | Replace front door sweep | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Skin damaged frame front window | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Garage man door done by site | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Forms/rapports additionnels | | | | | |
| Form Name/ nom du rapport | Yes / No oui/non | Comments/commentaires | | | |
| installation report/rapport d'installation | <input type="radio"/> <input type="radio"/> | | | | |
| Air/Water Intrusion Report/rapport infiltration air/eau | <input type="radio"/> <input type="radio"/> | | | | |
| Stress Crack Report/rapport de bris thermique | <input type="radio"/> <input type="radio"/> | | | | |
| Other Form Report /autre rapport | <input type="radio"/> <input type="radio"/> | | | | |
| Additional Work and Parts Needed For Not Completed Work Requested/ pièces et travaux additionnels pour compléter les travaux requis | | | | | |
| Room Location/ appartement | Description (size,color,thickness,bar pattern,handling,etc./couleur, grandeur,etc...) | | | | |
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| team Status | | | | | |
| Return Crew Size Required/ nombre de techniciens requis pour le retour | Hours Needed/ temps requis: | Equipment Required/ équipement requis: | Complete <input checked="" type="checkbox"/> | Incomplete | |
| Signature: (Person Who Provided Access) Alex | | | Date: 2022-06-06 | | |

Numéro de dossier *CIT* #:

13a22a28

Date:

2022-06-06

Propriétaire *Homeowner*:

Lot 10



Waiver (accessibility to JW product)

Date: 2022-06-06
JELD-WEN Claim: 13a22a28
Customer name: Zancor
Service Address: Lot 10
Room Location: _____

In order to perform the 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, alarm sensors 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
☐ Remove alarm sensors
☐ 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

2022-06-06

Customer Signature

Date

**Propriétaire
Homeowner:**

[illegible][illegible]

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Numéro de dossier Ci 13a22a28

Date: 2022-06-06

Propriétaire Homeowner: Zancor

| Type | # Production PR# | # ligne Line# | failure code | description | Qté Qty |
|------|---------------------|------------------|-----------------|-------------|------------|
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Note spécial / Special Note

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Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #:*

13a22a28

Date:

2022-06-06

Propriétaire *Homeowner:*

Zancor

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Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #*: 13a22a28

Date: 2022-06-06

Propriétaire *Homeowner*: Zancor

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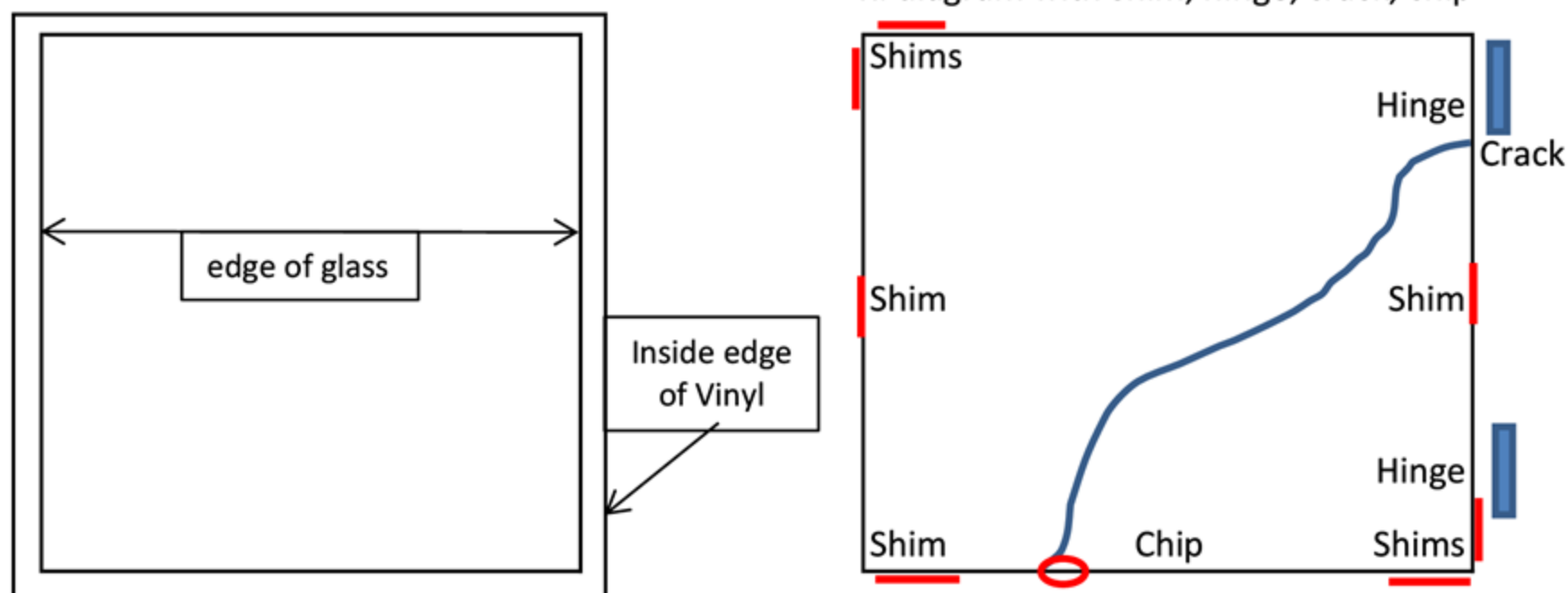
Service Case Autopsy Report Glass Stress Cracks

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

| | |
|-------------------------|----------------------------------|
| Case # <u>13a22a28</u> | Date of Visit: <u>2022-06-06</u> |
| | Tech Name <u>Sun Head</u> |
| 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

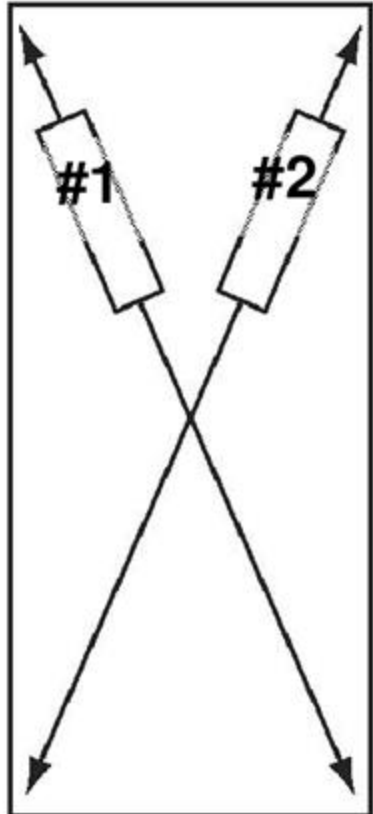
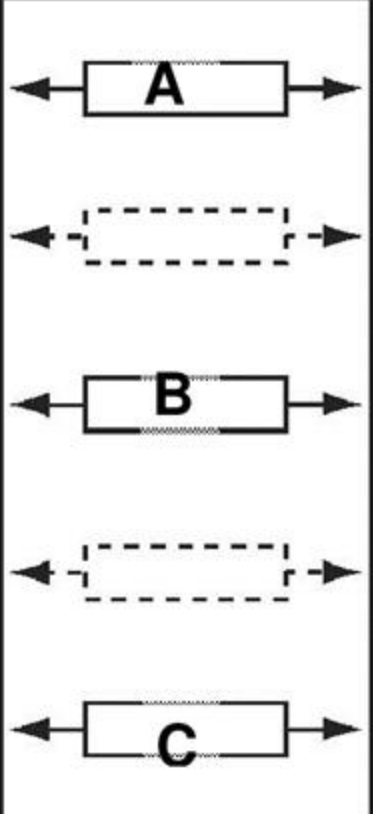
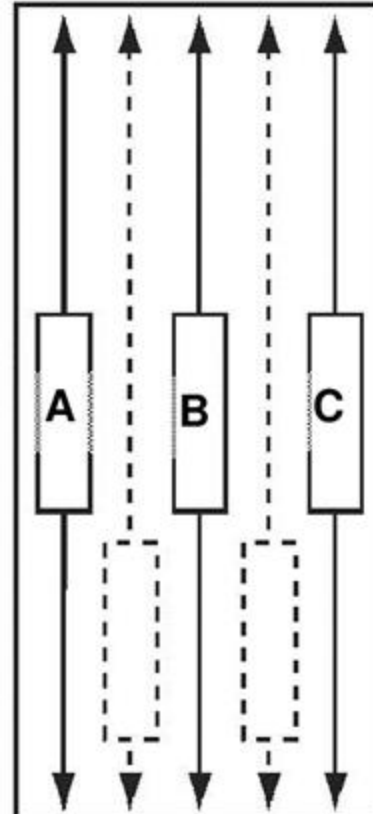
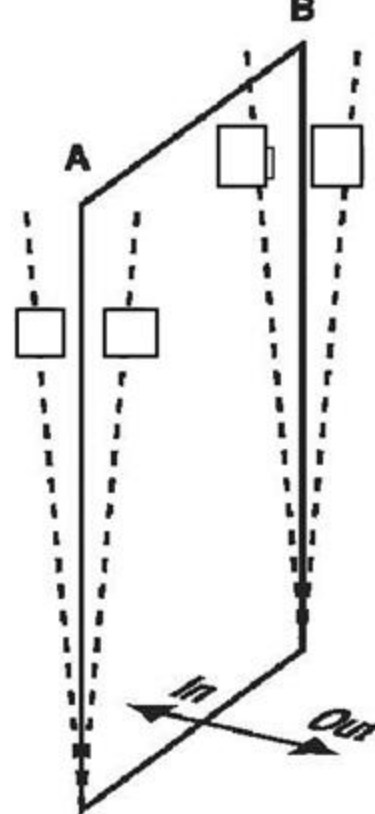
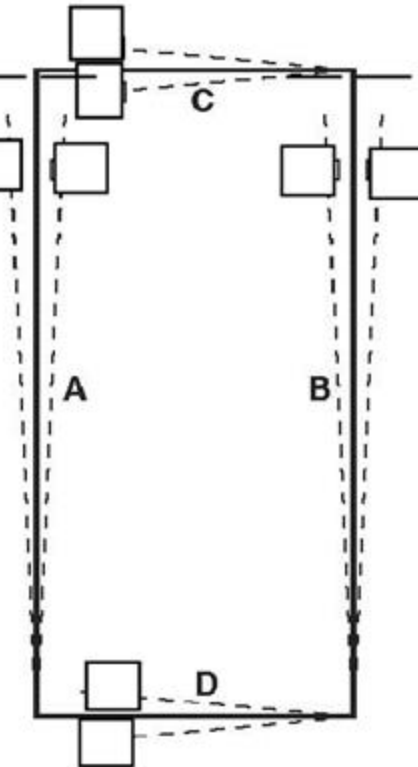
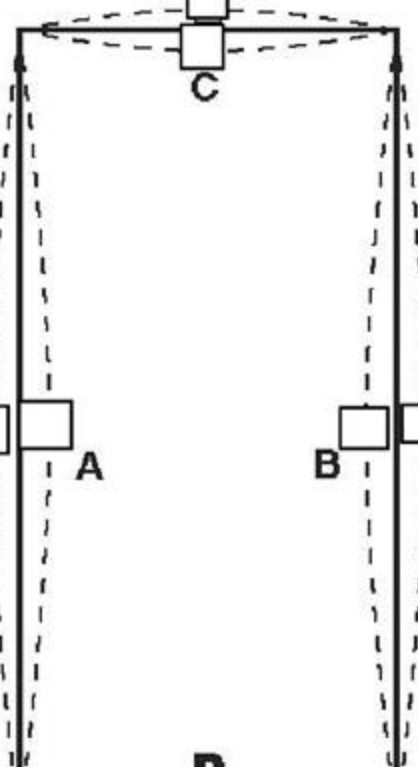
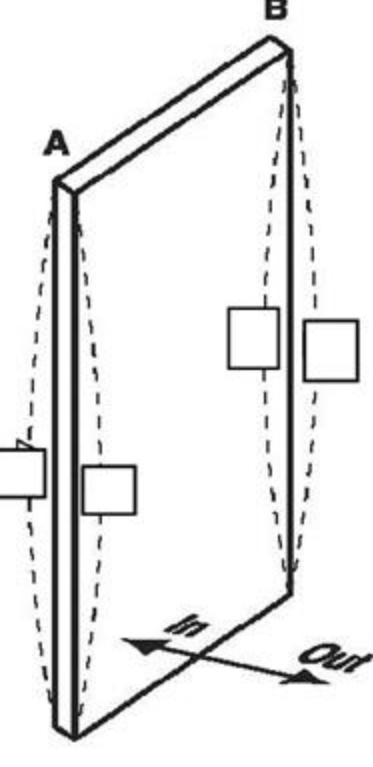
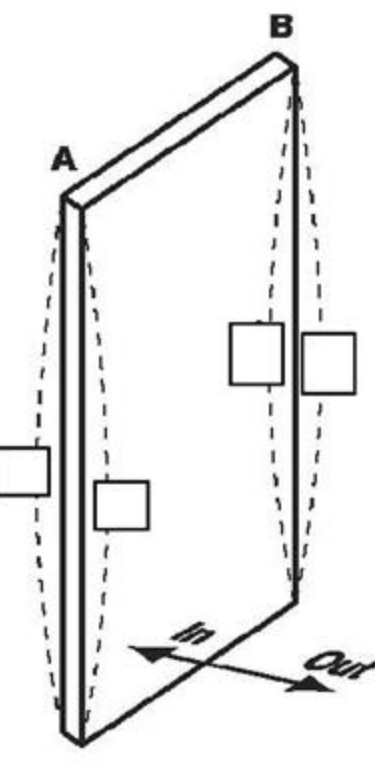


Please provide some additional information on the window
(Circle the answer that applies)

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

Notes :

Appel de service /
CIT # : 13a22a28

Tech: Sun Head

Date: 2022-06-06

| | | | |
|---|---|--|-------------------------------|
| Order #: 13a22a28 | Site Name: Zancor | Completed by: Sun Head | Date: 2022-06-06 |
| 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 type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Will work from a height greater than 6 feet be required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| a – Will a ladder be used? (if YES complete Section II) | <input type="checkbox"/> Yes | <input 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 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 type="checkbox"/> No | |
| 3. Have slipping and tripping hazards been removed or controlled? (if No complete section V) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Are there specific parking instructions? If yes detail in comments section. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Is the structure built in 1978 or earlier (Lead?) if YES see section V | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Structure built before 1980? If Yes, has asbestos survey been completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Are materials/ product able to be safely handled by one employee? (if NO see section V) | <input 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 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 | |

Numéro de dossier CIT #: 13a22a28

Date: 2022-06-06

Propriétaire Homeowner:

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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: Sun Head

Signature:

Title:

Date: 2022-06-06

Time:

ASSESSMENT FORM RETENTION INFORMATION

ATTACHMENTS

Permanent Retention File:

Location:

☐

*Yes

☐

No

Date Filed: 2022-06-06

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