

Customer Care Field Report

Case Reference and Task No.02N21A58:1						2021-05-07				
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 Dawd Fakhri				Secondary Technician						
Owner Information										
First and Last Name DAGMAR SKALA				Primary Phone:		Secondary Phone:				
Address 22 MUMBERSON ST				Lot Number: 10		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		POPP	Adjusted garage man door self closing hinges					<input type="checkbox"/> <input type="checkbox"/>		
2		POPP	Adjusted garage side door replaced weather strips and dust pads raised up bottom threshold					<input type="checkbox"/> <input type="checkbox"/>		
3								<input type="checkbox"/> <input type="checkbox"/>		
4								<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		Garage man door self closing hinges needed adjustment Garage side door not seal properly		
Stress Crack Report:		<input type="checkbox"/> <input type="checkbox"/>		Installation Report:		<input type="checkbox"/> <input type="checkbox"/>				
Other Form/Report:		<input type="checkbox"/> <input type="checkbox"/>		Air/Water Intrusion Report:		<input type="checkbox"/> <input 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)					<div style="font-size: 2em; font-family: cursive;">DF</div>		Complete <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/>		Date: 2021-05-07	

Numéro de dossier *CIT* #:

02N21A58:1

Date:

2021-05-07

Propriétaire *Homeowner*:

22 MUMBERSON ST



Waiver (accessibility to JW product)

Date: 2021-05-07
JELD-WEN Claim: 02N21A58:1
Customer Name: DAGMAR SKALA
Service Address: 22 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

2021-05-07

Customer Signature

Date

**Propriétaire
Homeowner:**

window parts

[illegible][illegible]

Added Note`s:

Numéro de dossier C02N21A58:1

Date: 2021-05-07

Propriétaire Homeowner: DAGMAR SKALA

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

Note spécial / Special Note

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Rapport Photo/ PICTURE REPORT

Numéro de dossier CIT #:

02N21A58:1

Date:

2021-05-07

Propriétaire Homeowner:

DAGMAR SKALA

1 of 3

PRINTED ON: 05/06/21 11:36AM PRINTED BY: dtrinh
JELD-WEN
Field Service Work Order
DISPATCHED BY: Stephanie Laderoute
PROJ: COOKSTOWN 221 NORTH RIVERMED
VAUGHAN, ON L4H 3G9
PHONE: 844-355-5760
FAX: 9057385748
REFERENCE: 02N21A58:1
ORDER: NZ 497080
DATE: 03/02/21
ID: stephl
ORIG ORDER: UW 1011801
PURCH DATE: 02/04/20
SOLD TO: 063948
ZANCOR HOMES (COOKSTOWN) LTD
PROJ: COOKSTOWN 221 NORTH RIVERMED
CONCORD, ON L4K 3N7
PHONE:
FAX:
PROVIDER: 02561
JW-UW (Dawd)
90 Stone Ridge Rd
Vaughan, ON L4H3G9
Voice: 905/265-5700
Fax: 905/265-5704
JOBSITE ADDRESS:
DAGMAR SKALA
22 HUMBERSON ST
COOKSTOWN, ON L4L
Subdiv/Proj: COOKSTOWN Lot: 10
Phase:
Primary Phone:416 574 2539
Alternate Phone:
BUSINESS:ZANCOR HOMES (COOKSTOWN) LTD CUSTOMER NO: 063948
MARY IELPO
Primary Phone:416 791 1219
Fax:
Email:mary@zancorhomes.com
BUILDER:
Primary Phone:
Email:

Done

GENERAL INFORMATION: W/O#
DAI# 142301: 30-DAY:
Laundry Room-
General- ADJUST
GMD--NOT SELF
CLOSING
: MAN DOOR TO BE SPRING 'ASSIST' PLEASE ADJUST SO
THE DOOR CLOSES AS IT SHOULD
DAI# 142302: 30 DAY: Laundry Room-
General- GMD--SELF
CLOSING HINGES
HAS ADJUSTMENT
PINS STICKING OUT
: PLEASE ADJUST
DAI# 142304: 30-DAY:Laundry Room-
General-
ADJUST/REPLACE
WEATHER STRIP AT
GMD--LIGHT VISIBLE
: PLEASE ADJUST
DAI# 142339: 30-DAY:
Other- General-
GARAGE SERVICE
DOOR--H/O CLAIMS
WATER LEAKS AT
BASE OF DOOR
WHEN IT RAINScheck
sweep and
weather strip
: UW 1011801

Done

Done

CUSTOMER SIGNATURE: DATE May 7, 2021
* signature confirms the work listed above has been completed to my satisfaction

MANUFACTURING ORDER:

PARTS	CUSTOMER	SHIP	WARRANTY	TASK
SHIP	PO	VIA	DETERMINATION	DUE DATE
05/10/21	NZ497080	Company Trk	Labor only	05/10/2021

*****Additional Comments*****
Lot:
PO:

LINE	ITEM DESCRIPTION	QTY	ORD	HOURS	EXT HOURS
1	*SERVDR01 Door: Single Door Adjustment NOTE: CASE# 02N21A58	4		0.50	2.00

Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #:* 02N21A58:1

Date: 2021-05-07

Propriétaire *Homeowner:* DAGMAR SKALA



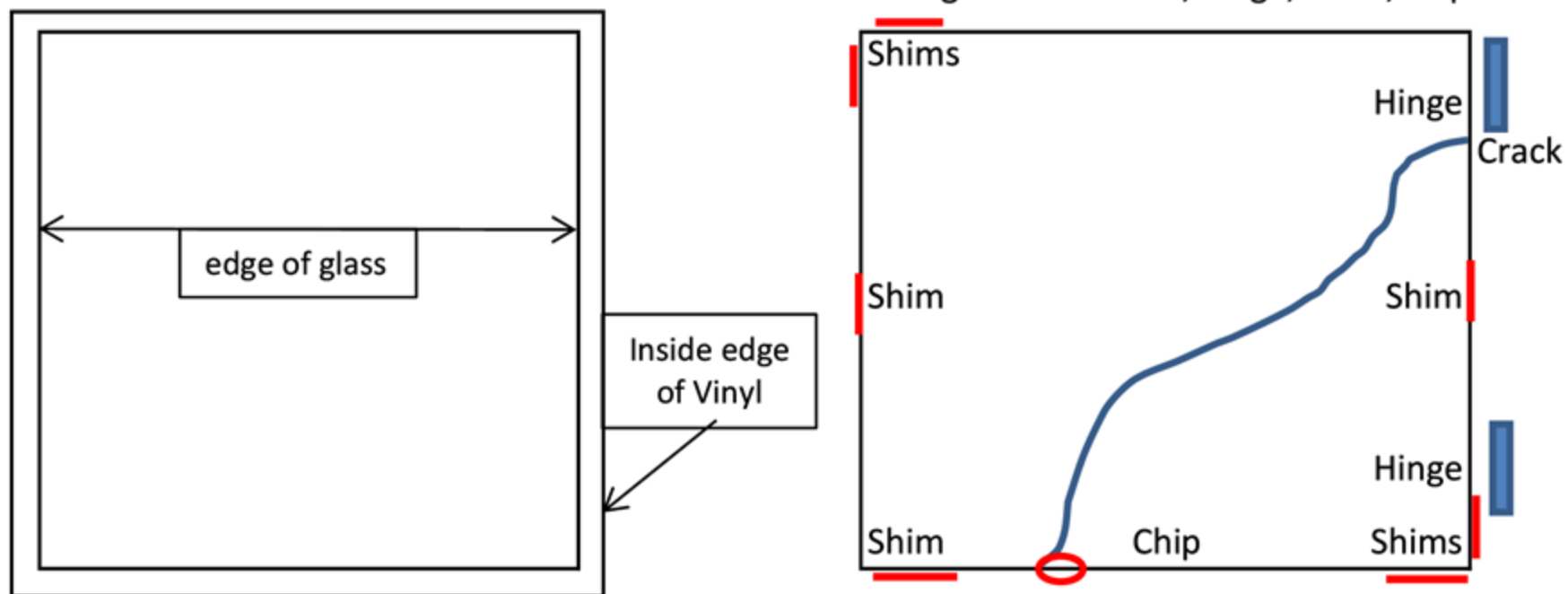
Service Case Autopsy Report Glass Stress Cracks

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

Case # 02N21A58:1	Date of Visit: 2021-05-07
_____	Tech Name Dawd Fakhri
_____	G #: _____
Type of Window: _____	Glass Size : _____
Dual or Tri Pane? _____	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

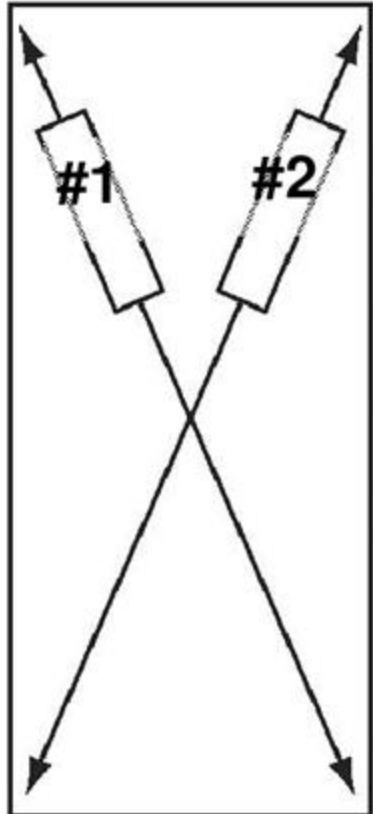
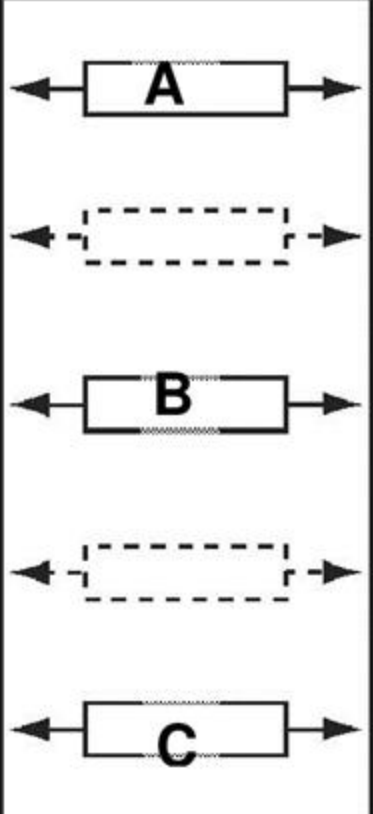
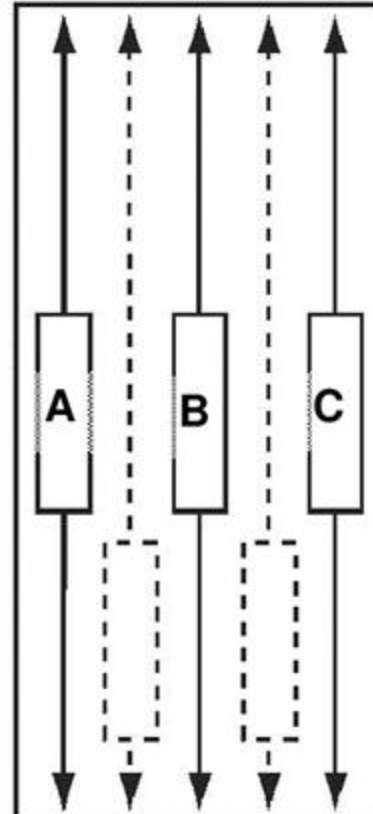
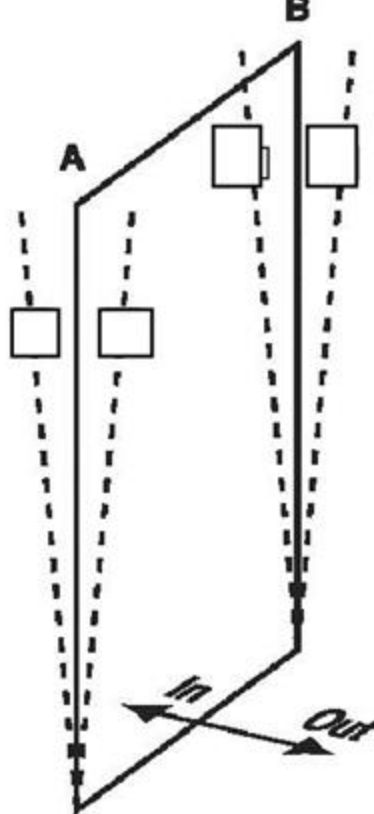
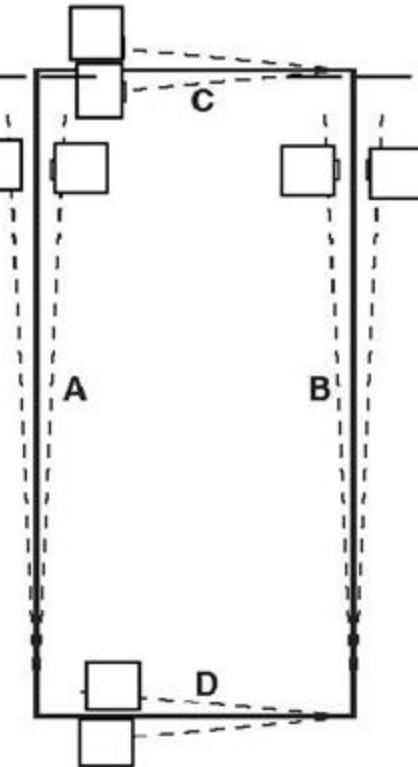
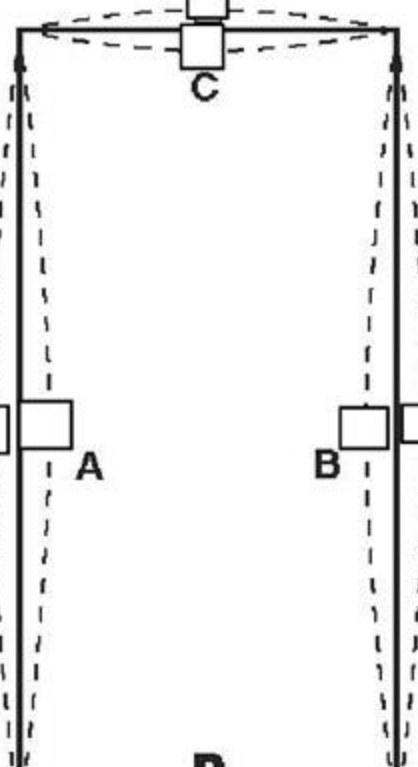
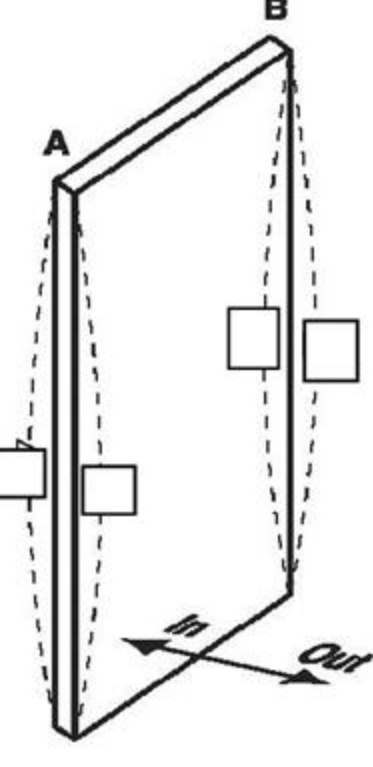
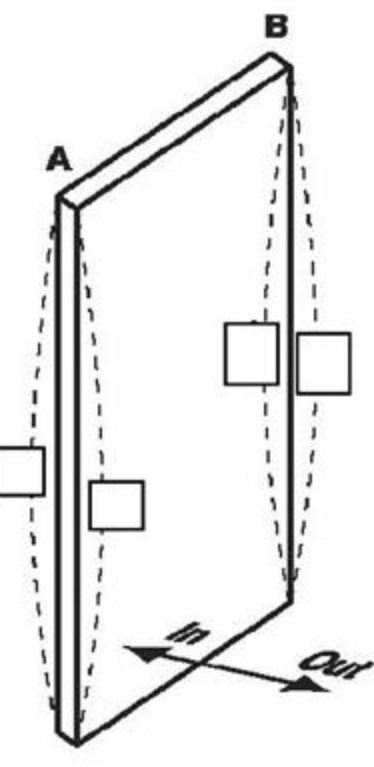


Please provide some additional information on the window
(Circle the answer that applies)

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: center;"> <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: center;"> <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: center;"> <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: center;"> <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) 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;"> <div style="text-align: center;"> <p>A</p> <p>B</p> <p>C</p> <p>D</p> </div> <div> <p>volet/cadre 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: center;"> <p>A</p> <p>B</p> <p>C</p> <p>D</p> </div> <div> <p>volet/cadre 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: center;"> <p>A</p> <p>B</p> </div> <div> <p>cadre 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: center;"> <p>A</p> <p>B</p> </div> <div> <p>volet 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) 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 # : 02N21A58:1

Tech: Dawd Fakhri

Date: 2021-05-07

Order #: 02N21A58:1	Site Name: DAGMAR SKALA	Completed by: Dawd Fakhri	Date: 2021-05-07
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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 #:

02N21A58:1

Date:

2021-05-07

Propriétaire *Homeowner:*

22 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: Dawd Fakhri

Signature:

Title:

Date: 2021-05-07

Time:

ASSESSMENT FORM RETENTION INFORMATION

ATTACHMENTS

Permanent Retention File:

Location:

☐

*Yes

☐

No

Date Filed: 2021-05-07

Filed By: Dawd Fakhri

*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