

Customer Care Field Report

Case Reference and Task No. 27J21A55:1					2021-11-03					
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 SAMINA/MOHAMAD EBRAHIM				Primary Phone:		Secondary Phone:				
Address 51 MUMBERSON ST				Lot Number: 27		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 front doors replaced weather strips and dust pads moved in the strikers plates in raised up bottom threshold sill					<input type="checkbox"/> <input type="checkbox"/>		
2								<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	Front door not closing properly needed adjustment						
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)				DF		Complete X		Incomplete		
						Date:		2021-11-03		

Numéro de dossier *CIT* #:

27J21A55:1

Date:

2021-11-03

Propriétaire *Homeowner*:

51 MUMBERSON ST



Waiver (accessibility to JW product)

Date: 2021-11-03
JELD-WEN Claim: 27J21A55:1
Customer Name: SAMINA/MOHAMAD EBRAHIM
Service Address: 51 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

2021-11-03

Customer Signature

Date

**Propriétaire
Homeowner:**

Numéro de dossier C_i 27J21A55:1

Date: 2021-11-03

Propriétaire Homeowner: SAMINA/MOHAMAD EE

Type	# Production <i>PR#</i>	# ligne <i>Line#</i>	failure code	description	Qté <i>Qty</i>

Note spécial / Special Note

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Rapport Photo/ PICTURE REPORT

Numéro de dossier CIT #: 27J21A55:1

Date: 2021-11-03

Propriétaire Homeowner: SAMINA/MOHAMAD EBRAHIM

PRINTED ON: 11/02/21 10:59AM

PRINTED BY: neverett

JELD-WEN

Field Service Work Order

DISPATCHED BY:
Marivic Locsin
VAUGHAN, ON L4H 3G9
PHONE: 844-355-5760
FAX: 9057385748

REFERENCE: 27J21A55:1
ORDER: NZ 533968
DATE: 10/27/21
ID: mlocsin
ORIG ORDER: UW 1022227
PURCH DATE: 05/01/20

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

JOB SITE ADDRESS:
SAMINA/MOHAMAD EBRAHIM
51 HUMBERSON ST
COOKSTOWN, ON L0L
Subdiv/Proj: COOKSTOWN
Phase: 1
Primary Phone:416-819-2430
Alternate Phone:

SHIP TO: 063948
JW TECH / DAWD
90 Stone Ridge Road
Vaughan, ON L4H 3G9
Lot: 27

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

CUSTOMER NO: 063948

BUILDER:
Primary Phone:
EMail:

GENERAL INFORMATION: 8-12pm conf with h/o
OCCUPIED
NO WO#

DAI 146160 Interval Foyer- General-
Exterior- General- Front door required to be
adjusted again

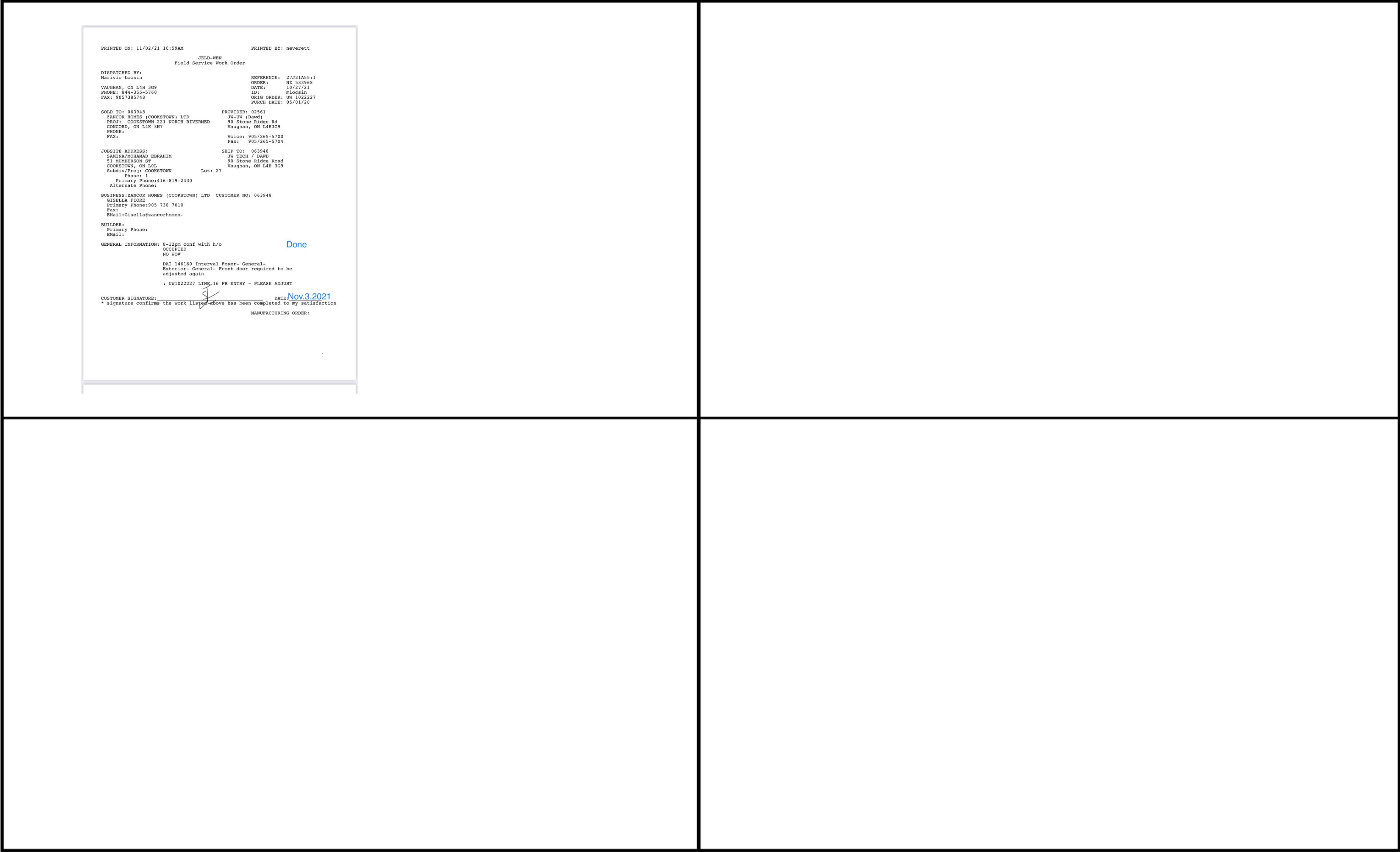
: UW1022227 LINE 16 FR ENTRY - PLEASE ADJUST

CUSTOMER SIGNATURE:
* signature confirms the work listed above has been completed to my satisfaction

DATE: Nov.3.2021

MANUFACTURING ORDER:

Done



Rapport Photo/ PICTURE REPORT

Numéro de dossier *CIT #:* 27J21A55:1

Date: 2021-11-03

Propriétaire *Homeowner:* SAMINA/MOHAMAD EBRAHIM



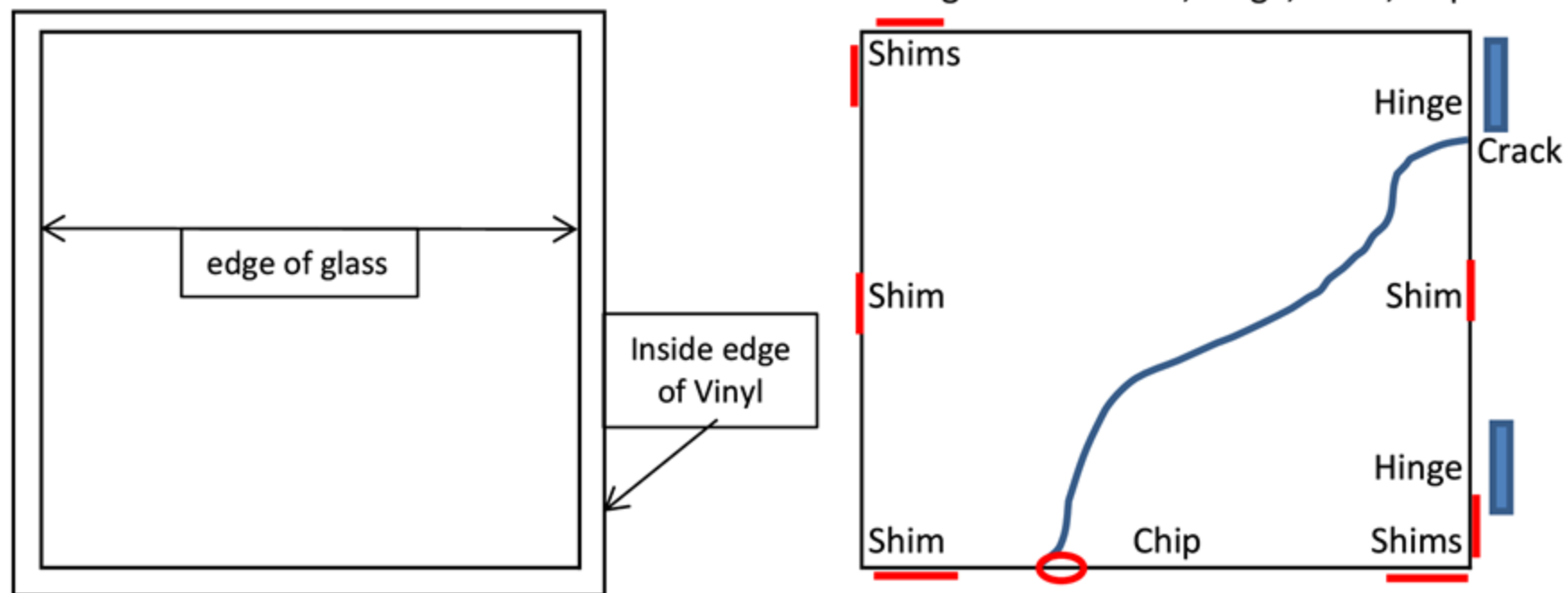
Service Case Autopsy Report Glass Stress Cracks

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

Case # <u>27J21A55:1</u>	Date of Visit: <u>2021-11-03</u>
_____	Tech Name <u>Dawd Fakhri</u>
_____	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

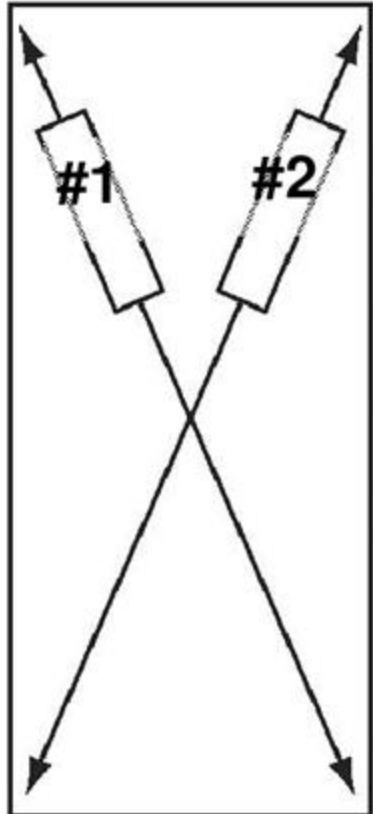
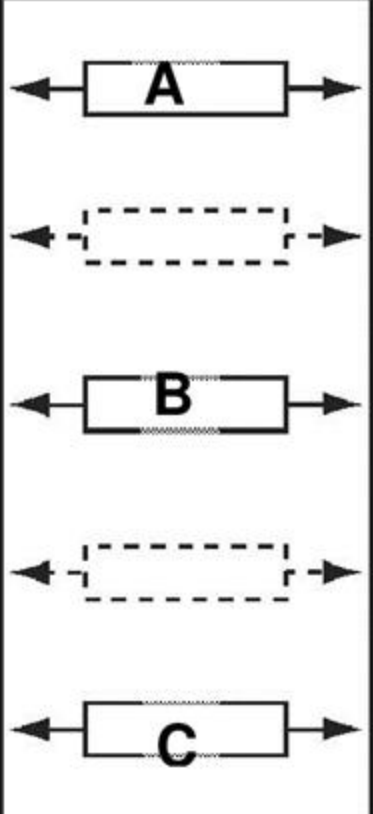
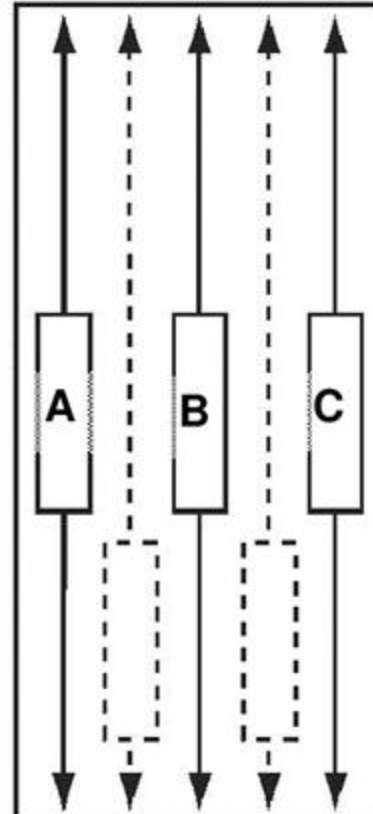
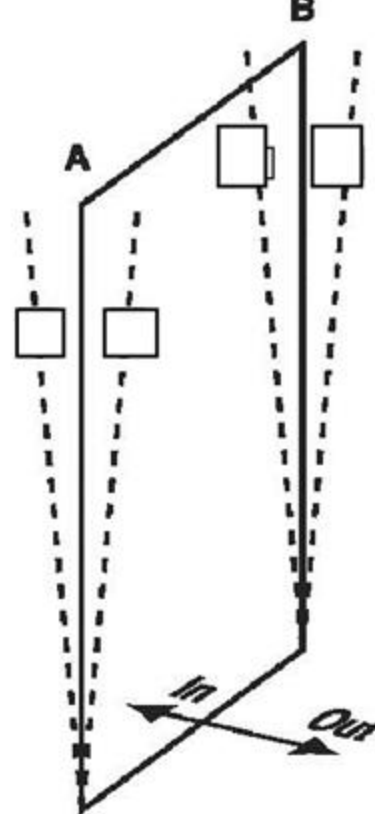
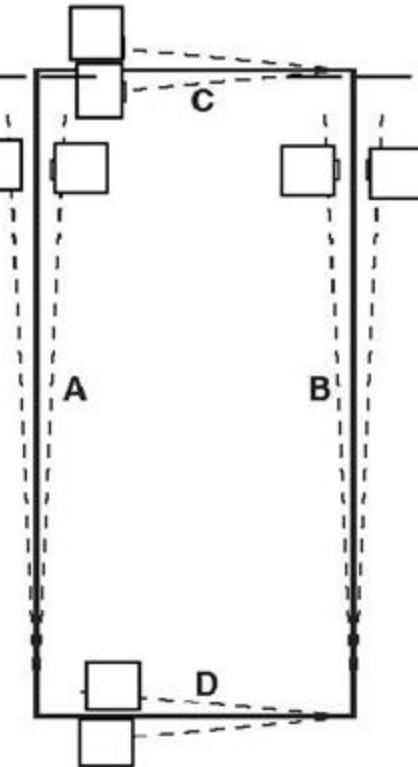
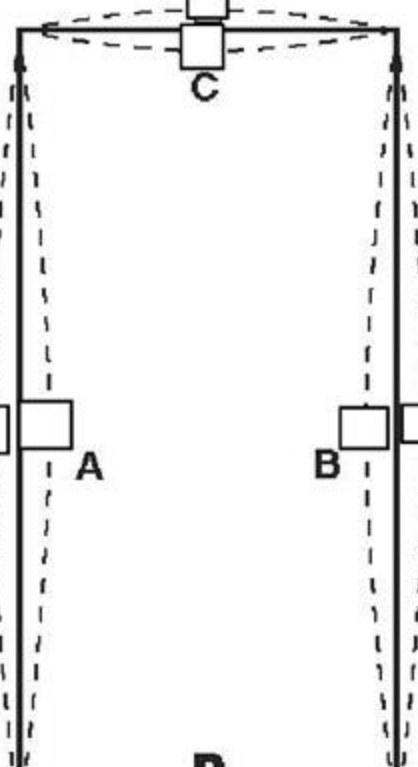
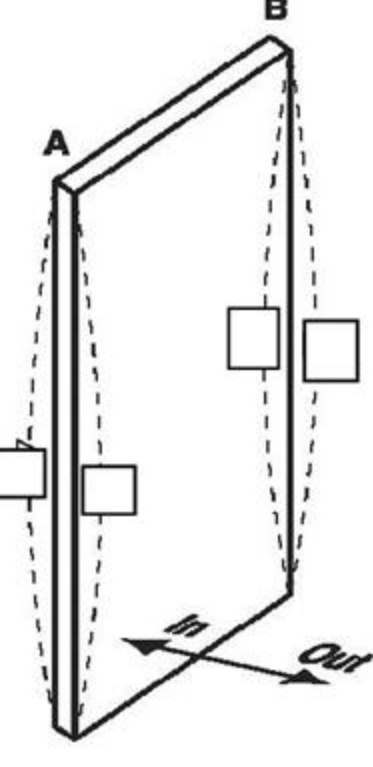
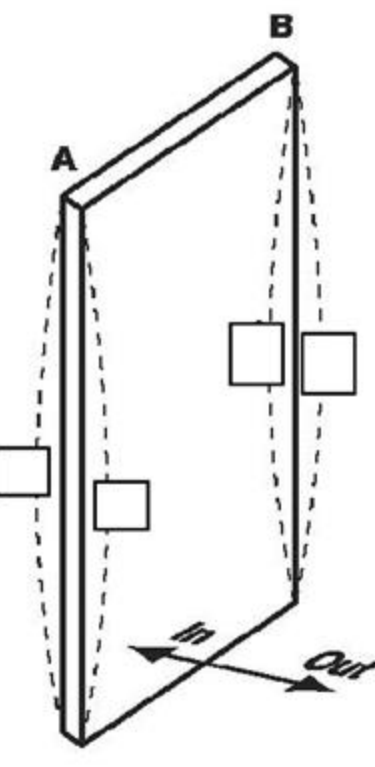


Please provide some additional information on the window
(Circle the answer that applies)

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;"> <div> <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;"> <div> <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;"> <div> <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;"> <div> <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;"> <div> <p>volet/cadre Sash / Frame</p> <p>A</p> <p>B</p> <p>C</p> <p>D</p> </div> <div> <p>intérieur / Inside</p> <p>extérieur / Outside</p> </div> </div>	 <div style="display: flex; justify-content: space-between;"> <div> <p>volet/cadre Sash / Frame</p> <p>A</p> <p>B</p> <p>C</p> <p>D</p> </div> <div> <p>intérieur / Inside</p> <p>extérieur / Outside</p> </div> </div>	 <div style="display: flex; justify-content: space-between;"> <div> <p>cadre Frame</p> <p>A</p> <p>B</p> </div> </div>	 <div style="display: flex; justify-content: space-between;"> <div> <p>volet Sash</p> <p>A</p> <p>B</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 # : 27J21A55:1

Tech: Dawd Fakhri

Date: 2021-11-03

Order #: 27J21A55:1	Site Name: SAMINA/MOHAMAD EBRAH	Completed by: Dawd Fakhri	Date: 2021-11-03
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
	Location of power lines (Distance to work	If “NO” Contact Field Manager	
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
	Site Conditions for product delivery	Contact Operations Manager	
	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 #:

27J21A55:1

Date:

2021-11-03

Propriétaire Homeowner:

51 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: 2021-11-03

Time:

ASSESSMENT FORM RETENTION INFORMATION

ATTACHMENTS

Permanent Retention File:

Location:

☐

*Yes

☐

No

Date Filed: 2021-11-03

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