

MECHANIC NAME _____	MECHANIC NUMBER _____	WEEK ENDING (SUNDAY) _____
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BREAKDOWNS

DAY	DATE	START TIME	FINISH TIME	RO NO.	REGO NO.	AFTER HOURS	DURING HOURS	SERVICE ORDER COMPLETED	TAKE 5 COMPLETED	10 HOUR BREAK
MONDAY						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKDOWN NOTES	_____									
TUESDAY						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKDOWN NOTES	_____									
WEDNESDAY						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKDOWN NOTES	_____									
THURSDAY						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKDOWN NOTES	_____									
FRIDAY						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKDOWN NOTES	_____									
SATURDAY						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKDOWN NOTES	_____									
SUNDAY						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREAKDOWN NOTES	_____									

BREAKDOWN POLICY — MANDATORY COMPLIANCE

This process must be completed for all breakdowns. A **Service Order** and a **Take 5** are required before any work commences. The Breakdown Policy is accessible via the Suttons Way App, the company intranet, and DoneSafe. *If you cannot complete the Service Order or Take 5, report immediately to whs@suttons.com.au and the General Manager.*

SERVICE MANAGER NAME (PRINT) _____	
SIGNATURE _____	DATE AUTHORISED _____