



NSI Plant Assessment: PH: 03 9996 9889

137

Overall risk rating  
(existing controls)  
highest score  
eg L, M, H, VH

L

This form is to be completed in accordance with the Hazard Management Policy/Procedure and Plant and Equipment Safety Management Policy/Procedure.  
For further information please refer to the OHS Regulations Part 3 Plant

**STEP 1: ENTER INFORMATION ABOUT THE ITEM OF PLANT/EQUIPMENT, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT**

Plant Location: Campbelfield      Owner of Plant: Azzona  
 Serial No: J20285      Date assessed: 10-7-25  
 Hours: 15499

Plant (include name and model): Excavator Komatsu PC400      Review date: 10-7-26  
 Purpose of Plant: Excavation/Lifting      (1 yrs. from RA, or as required)

General Notes	REGISTRATION/LICENCES/COMPETENCIES	LEGISLATION	RISK ASSESSMENT TEAM
<p><b>Report Acceptance</b></p> <p>The Owner/Operator of the above mobile plant should conduct as inspection at regular intervals. All procedures and control methods are maintained to the requirements of the OHS regulations 2017. In particular when any alteration or change is made to the mobile plant a review of both control methods and documentation should be made. A Mobile plant risk assessment should be conducted at regular intervals with a minimum of once a year.</p> <p><b>Disclaimer</b></p> <p>This mobile plant risk assessment report contains information that is privileged and confidential and is produced only for use by the entity or person listed above.</p> <p>This mobile plant risk assessment report does not eliminate the Owner/Operator responsibility to maintain the mobile plant as per OHS regulations 2017. Copying or distribution of this assessment by any means to a third party is expressly prohibited unless consent has been authorised by the assessor and recipient.</p> <p>This assessment provides information that is based on an inspection that was made on the date noted above, if any addition, alteration or modification has been made to this mobile item plant subsequent to that date, may not conform to a satisfactory level of acceptance, therefore the mobile plant risk assessment in null and void.</p> <p>I acknowledge receipt of complete assessment for the mobile plant item detailed above</p> <p>Name: _____ Signature: _____          Date: _____</p>	<p><b>Registration required?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>License/ Trade certificate required?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Has Operator been Inducted?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Other competency required?</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><b>Has a JSEA been completed?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>OHS Legislation and/or Australian Standard to be used for further reference.</b></p> <p><u>Occupational Health and Safety Act 2004</u></p> <p><b>OHS Regulations (2017) Divisions:</b></p> <ul style="list-style-type: none"> <li>▪ 1.2 OHS Responsibilities</li> <li>▪ 1.3 Information, Instruction, Training, Induction, Supervision</li> <li>▪ 2.10 Noise</li> <li>▪ Part 3 Plant (including)               <ul style="list-style-type: none"> <li>▪ 3.2.25 Plant with moving parts</li> <li>▪ 3.2.15 Hazard Management</li> <li>▪ 3.2.17 Control of risk</li> </ul> </li> </ul> <p><u>AS 4024 - 2006 Safety of machinery</u>  <u>AS 1788 Abrasive wheels</u>  <u>AS 60204.1 electrical equipment for industrial machines</u></p>	<p><b>Operator:</b> <u>Sebastian Galviza</u>  <b>(Signature)</b> _____</p> <p><b>Print Name:</b> <u>Taylor Jean Conda</u>  <b>Assessor:</b> _____  <b>(Signature)</b> _____</p> <p><b>Print Name:</b> _____</p> <p><b>NSI Reference No:</b> <span style="border: 1px solid black; padding: 10px; display: inline-block; text-align: center;">1372025</span></p>



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**LEGEND**

El = Elimination  
 Su = Substitution  
 En = Engineering

Is = Isolation  
 Ad = Administration  
 PPE = Personal Protective Equipment

CAR = Corrective Action Register

Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
<b>Is there a working flashing beacon fitted?</b>							
<input checked="" type="checkbox"/> Yes							N
<input type="checkbox"/> No							
<b>Is there a working travel alarm fitted?</b>							
<input checked="" type="checkbox"/> Yes							N
<input type="checkbox"/> No							
<b>Are lights fitted and in good working order?</b>							
<input checked="" type="checkbox"/> Yes							N
<input type="checkbox"/> No							
<input type="checkbox"/> NA							
<b>Can anyone be crushed by:</b>							



Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
<input checked="" type="checkbox"/> Plant falling or unexpected movement of the plant <input checked="" type="checkbox"/> Tipping <input checked="" type="checkbox"/> Falling <input checked="" type="checkbox"/> Rolling over <input type="checkbox"/> Rolling forward <input checked="" type="checkbox"/> The plant's load <input checked="" type="checkbox"/> Falling off the plant <input checked="" type="checkbox"/> Part of the plant collapsing/changing shape <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other issues _____						<input checked="" type="checkbox"/> Attachments <input checked="" type="checkbox"/> Locking pins fitted <input checked="" type="checkbox"/> Use safety pins when working under raised Attachments <input checked="" type="checkbox"/> Neutral start switch <input checked="" type="checkbox"/> Crush zone warning decals <input checked="" type="checkbox"/> Reverse light <input checked="" type="checkbox"/> Reverse Camera Mirror <input checked="" type="checkbox"/> Pedals have non slip surface <input checked="" type="checkbox"/> Controls are marked appropriately <input checked="" type="checkbox"/> ROPS/FOPS Cabin <input checked="" type="checkbox"/> Roll over Decal fitted <input checked="" type="checkbox"/> Safety pins or props Fitted <input checked="" type="checkbox"/> Overhead guard open cabin <input checked="" type="checkbox"/> Three points of contact decal <input checked="" type="checkbox"/> Guard Rails/steps	N
Are seat belts fitted and in good working order							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input checked="" type="checkbox"/> Seat belt must be worn decal <input type="checkbox"/> No passengers decal fitted	N
Entanglement							
Can anybody become entangled with moving parts of plant and material in motion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other issues _____						<input checked="" type="checkbox"/> Keep Clear decals <input checked="" type="checkbox"/> Engine covers fitted <input checked="" type="checkbox"/> Rotating parts decals <input checked="" type="checkbox"/> Is operator trained and inducted	N
Maintenance and Inspection							



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Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
Can anybody come into contact with moving parts inspection, servicing, maintenance and Cleaning <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input checked="" type="checkbox"/> Do not stand under attachments decal <input checked="" type="checkbox"/> Battery isolation fitted <input checked="" type="checkbox"/> Emergency stop fitted <input type="checkbox"/> Do not start tag <input type="checkbox"/> Attach safety bar before entering decal	N
<b>Lifting</b>							
Plant is fitted with and or is carrying lifting equipment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input checked="" type="checkbox"/> Load capacity chart fitted <input checked="" type="checkbox"/> Lifting points closed eye <input checked="" type="checkbox"/> SWL – WWL decal on machine <input checked="" type="checkbox"/> Lift over one tonne <input type="checkbox"/> Lock out fitted	N



<p>Can anyone be injured from an electrical shock?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Water near equipment</li> <li><input type="checkbox"/> Plant located near or in contact with exposed live electrical conductors/ Overhead and underground wires</li> <li><input type="checkbox"/> Leads/switch in poor condition</li> <li><input checked="" type="checkbox"/> Isolation</li> <li><input type="checkbox"/> Other issues _____</li> </ul>				<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Has JSA been conducted</li> <li><input checked="" type="checkbox"/> Dial Before you dig</li> <li><input checked="" type="checkbox"/> ESV Spotter if applicable</li> <li><input checked="" type="checkbox"/> Look up and Live decal</li> <li><input checked="" type="checkbox"/> Battery cover fitted</li> <li><input checked="" type="checkbox"/> Battery decal</li> <li><input checked="" type="checkbox"/> Battery isolation switch</li> <li><input checked="" type="checkbox"/> Repair by authorised staff only</li> </ul>	N
<p>Can anyone be injured by an explosion?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Gas</li> <li><input checked="" type="checkbox"/> Vapour</li> <li><input checked="" type="checkbox"/> Dust</li> <li><input checked="" type="checkbox"/> Liquid</li> <li><input type="checkbox"/> Other issues _____</li> </ul>				<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Has JSA been conducted</li> <li><input checked="" type="checkbox"/> Dial Before you dig</li> <li><input checked="" type="checkbox"/> Spotter / ESV Spotter if applicable</li> </ul>	N
<p>Can anyone be injured by struck by moving parts?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Uncontrolled or unexpected movement of the machine or material handled by Plant</li> <li><input checked="" type="checkbox"/> Changing attachments</li> <li><input checked="" type="checkbox"/> The plant, part of plant or materials disintegrating</li> <li><input checked="" type="checkbox"/> mobility of plant</li> <li><input type="checkbox"/> Other issues _____</li> <li><input type="checkbox"/> No</li> </ul>				<ul style="list-style-type: none"> <li><input type="checkbox"/> Foot brake</li> <li><input checked="" type="checkbox"/> Park brake</li> <li><input checked="" type="checkbox"/> Forward / reverse controls</li> <li><input checked="" type="checkbox"/> Quick hitch</li> <li><input checked="" type="checkbox"/> Locking pins</li> <li><input type="checkbox"/> Quick hitch operation is operators responsibility Decal is in line of sight</li> <li><input checked="" type="checkbox"/> Machine Guarding</li> <li><input type="checkbox"/> Keep clear decal</li> <li><input checked="" type="checkbox"/> Pre-start checklist</li> <li><input checked="" type="checkbox"/> Reverse alarm</li> <li><input checked="" type="checkbox"/> Flashing light</li> <li><input type="checkbox"/> Brake lights / indicators</li> <li><input checked="" type="checkbox"/> Warning horn</li> <li><input checked="" type="checkbox"/> Controls are clearly identified</li> </ul>	N



Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
<p>Can anyone be burnt due to friction?</p> <input checked="" type="checkbox"/> Contact with moving parts or surface of the plant <input checked="" type="checkbox"/> Material handled by the plant <input type="checkbox"/> Other issues _____						<input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> PPE i.e. gloves etc.	N
<p>Can anyone be burnt due to:</p> <input checked="" type="checkbox"/> High/Low temperature <input type="checkbox"/> Naked flame <input type="checkbox"/> Steam <input type="checkbox"/> Laser beams <input checked="" type="checkbox"/> Fluids <input type="checkbox"/> No						<input checked="" type="checkbox"/> High Mount exhaust <input checked="" type="checkbox"/> Hot parts decal <input checked="" type="checkbox"/> Exhaust guard <input checked="" type="checkbox"/> Fire Extinguisher	N
<p>Can anyone be affected by temperature extremes?</p> <input checked="" type="checkbox"/> Exposure to high temperature <input checked="" type="checkbox"/> Exposure to low temperature <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA						<input checked="" type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Windows can be opened removed <input type="checkbox"/> Open cabin	N
<p>Can anyone slip, trip or fall due to:</p> <input checked="" type="checkbox"/> The location of the plant <input type="checkbox"/> Uneven work surfaces <input type="checkbox"/> Lack of safe guards (eg rails) <input checked="" type="checkbox"/> Slippery work surfaces <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA						<input checked="" type="checkbox"/> Hand rails fitted <input checked="" type="checkbox"/> Steps and footings in place <input checked="" type="checkbox"/> Non slip surfaces <input checked="" type="checkbox"/> Three points of contact Decal <input checked="" type="checkbox"/> Guard rails hand rails in place <input checked="" type="checkbox"/> Fall from over 2 meters	N



Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
Can anyone come into contact with fluids or gases under high pressure due to:							
<input checked="" type="checkbox"/> Failure of the plant <input checked="" type="checkbox"/> Nature of the plant <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA						<input checked="" type="checkbox"/> Hoses have been checked <input checked="" type="checkbox"/> High pressure Warning decals <input checked="" type="checkbox"/> Diesel Decal <input checked="" type="checkbox"/> Cooling system decal <input checked="" type="checkbox"/> Hydraulic oil decal	N
Can anyone injured due to ergonomic issues due to:							
<input checked="" type="checkbox"/> Repetitive body movement or posture <input type="checkbox"/> Insufficient space <input type="checkbox"/> Excessive effort (push/pull) <input checked="" type="checkbox"/> Working at a height <input type="checkbox"/> Seating design <input type="checkbox"/> Poor lighting <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA						<input checked="" type="checkbox"/> Seat adjustment controls are working <input checked="" type="checkbox"/> Seat is in good condition <input checked="" type="checkbox"/> All levers and pedals are in reach for the operator <input checked="" type="checkbox"/> Remove rear vandal cover each day decal	N
Is there a current operators manual?							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA						<input checked="" type="checkbox"/> In good order and readable <input checked="" type="checkbox"/> Instructions for attachments	N
Are service books/logs up to date?							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA						<input checked="" type="checkbox"/> Up to date and current	N



Hazard Identified	Likelihood	Consequence	Score	Comments (ie when and where hazard is present, task/activity)	Hierarchy of control	Current Controls	Action required Y/N
Can anyone be injured or suffer ill health from exposure to other hazards? <input checked="" type="checkbox"/> Chemicals <input checked="" type="checkbox"/> Radiation <input checked="" type="checkbox"/> Fumes <input checked="" type="checkbox"/> Dusts <input checked="" type="checkbox"/> Vibration <input checked="" type="checkbox"/> Noise <input checked="" type="checkbox"/> Toxic gases or vapours <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA						<input checked="" type="checkbox"/> MSDS <input checked="" type="checkbox"/> Training and compliance <input checked="" type="checkbox"/> Engine fumes not excessive on high revs <input checked="" type="checkbox"/> Window seals are intact serviceable <input checked="" type="checkbox"/> Hearing protection supplied <input checked="" type="checkbox"/> Hearing protection decal	N
Does the plant generate significant environmental hazards? <input checked="" type="checkbox"/> Energy consumption <input checked="" type="checkbox"/> Water consumption <input checked="" type="checkbox"/> Hazardous waste <input checked="" type="checkbox"/> Hazardous emissions <input checked="" type="checkbox"/> Nuisance noise <input checked="" type="checkbox"/> Produce ignition to the surrounding area <input type="checkbox"/> Other issues _____ <input type="checkbox"/> No <input type="checkbox"/> NA						<input checked="" type="checkbox"/> PPE Decal <input checked="" type="checkbox"/> PPE supplied <input checked="" type="checkbox"/> Window seals serviceable <input type="checkbox"/>	N

**STEP 3: ACTION REQUIRED BY MANAGER/SUPERVISOR/AUTHORISED PERSON**

- All action items have been transferred to the Corrective Actions Register (CAR) or other company register
- If no actions required and residual risk is medium to very high, the activity and the hazard(s) have been transferred to the Hazard Register and communicated to the relevant personnel.



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### RISK ASSESSMENT TABLES

#### Likelihood Table

CATEGORY	DESCRIPTION
Almost Certain	Incident will occur at some time (0 – 1 month)
Likely	Incident could occur at some time (1 month – 1 year)
Possible	Incident is possible to occur (1 year – 2 years)
Unlikely	Incident is possible, but unlikely to occur (2 years – 5 years)
Rare	Cannot imagine that this could occur (over 5 years)

#### Consequences Table

CATEGORY	DESCRIPTION
Minor	Effects unlikely to last until the next day.
First Aid	Likely to affect employee the next day.
Major	Medical Treatment injury needs formal medical treatment
Critical	Injury requiring extensive medical treatment and/or hospitalization
Catastrophic	Injury resulting in death or permanent incapacity

#### Risk Score Calculator

Likelihood	Consequences				
	Minor	First Aid	Major	Critical	Catastrophic
Almost certain	Medium	High	High	Very High	Very High
Likely	Medium	Medium	High	High	Very High
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	High

#### Risk Priority Table

Descriptor	Priority	Action
Very High	1	Immediate action required. The activity should cease immediately and short term safety controls implemented. Notify Manager and assess activity.
High	2	Implement short term safety controls immediately. Notify Manager and assess activity
Medium	3	Short term safety controls implemented to minimise risk of injury. Notify Manager and assess activity. Corrective Actions within one month.
Low	4	Notify Manager and assess activity. Corrective Actions within three months (if possible).

## **MAINTENANCE SUMMARY REPORT**

### **Unit 137 - Komatsu PC400**

**Client:** Azzona Drainage Contractors

**Service Provider:** New Ground Earthmoving & Truck Repairs

**Service Period :** 16 February 2026 – 5 March 2026

### **1. Executive Summary**

This report provides a maintenance and repair history for **Unit 137 Komatsu PC400** during the reporting period. All entries are sourced from invoices 1750 and 1752 issued by New Ground Earthmoving & Truck Repairs

### **2. Service History Overview**

#### **2.1 Cooling System Repairs**

**Dates:** 16/02/2026 & 17/02/2026 **Invoice:** 1750

**Work Completed:**

- Cooling system pressure test
- Thermostat removal & replacement
- Coolant refill and system bleed
- Operational verification

**Total Cost: A\$1,105.00**

#### **2.2 Bucket Maintenance**

**Date:** 19/02/2026 **Invoice:** 1750

**Work Completed:**

- Fitted 3 new bucket teeth

**Total Cost: A\$250.00**

#### **2.3 Electrical System Repair**

**Date:** 03/03/2026 **Invoice:** 1752

**Work Completed:**

- Removed dash panels
- Installed new wiring for 12V socket
- Hard-wired and tested
- Reinstalled covers

**Total Cost: A\$470.00****2.4 Hydraulic System Repairs (MCV)****Date:** 05/03/2026 **Invoice:** 1752**Summary of Findings:** A blown hose on the main control valve required removal and replacement.**Work Completed:**

- Removed failed hoses
- Installed replacement hoses
- Leak testing
- Hydraulic oil top-up

**Total Cost: A\$690.00****3. Cost Summary****TOTAL COST A\$2,515.00**



**Tax Invoice**

Ausmade Hose Pty Ltd  
 t/a Enzed Footscray  
 Unit 28, 640-680 Geelong Road  
 Brooklyn Vic 3025

ABN 99 154 830 010

Date:	24/05/2024
Invoice No:	24119-4
Your Ref:	137
Terms:	Net 30 after EOM

<b>Bill To:</b>
AZZONA DRAINAGE CONTRACTORS PO BOX 1270 EPPING VIC 3076

<b>Ship To:</b>
AZZONA DRAINAGE CONTRACTORS

QTY	ITEM NO.	DESCRIPTION	PRICE	UNIT	DISC%	EXTENDED	CODE
2.5	387TC-20	HOSE ISO 18752-CC 1-1/4"	\$236.94		15%	\$503.50	GST
2	19243-20-20-AU	FEMALE BSP SWIVEL	\$241.30	EA	15%	\$410.21	GST
2.5	722TC-16	HOSE SAE 100R12	\$196.87		15%	\$418.35	GST
2	19243-16-16-AU	FEMALE BSP SWIVEL	\$111.70	EA	15%	\$189.89	GST
1	1 1/2HPM3S	PLUG MALE BSPT	\$35.51		15%	\$30.18	GST
4	04Y	VAN 4 ASSEMBLY	\$8.50	1		\$34.00	GST
1.5	04N	VAN 4 NORMAL LABOUR	\$110.00	1		\$165.00	GST
1	04S	VAN 4 SERVICE	\$75.00	1		\$75.00	GST

**Comment:**  
 REPLACE WHACKER PLATE HOSES AND ADAPTORS #KOMATSU  
 PC 400#137 #PAYNRES ROAD #BRENT

Sale Amt.:	\$1,826.13
Freight:	\$0.00 GST
GST:	\$182.61
Total Amt.:	\$2,008.74
Paid Today:	\$0.00
<b>Balance Due:</b>	<b>\$2,008.74</b>

**Please Pay by EFT**  
 BSB : 013 481  
 Account : 204827093  
 To pay by Credit card, please call by Phone 03 9314 1344

Please quote invoice number: **24119-4**

**Customer ABN:**



**Tax Invoice**

Ausmade Hose Pty Ltd  
 t/a Enzed Footscray  
 Unit 28, 640-680 Geelong Road  
 Brooklyn Vic 3025

ABN 99 154 830 010

Date:	6/06/2024
Invoice No:	00038920
Your Ref:	137
Terms:	Net 30 after EOM

<b>Bill To:</b>
AZZONA DRAINAGE CONTRACTORS PO BOX 1270 EPPING VIC 3076

<b>Ship To:</b>
AZZONA DRAINAGE CONTRACTORS

QTY	ITEM NO.	DESCRIPTION	PRICE	UNIT	DISC%	EXTENDED	CODE
2	19277-20-20-AU	FEMALE BSPP SWIVEL 1 1/4	\$230.03	EA	15%	\$391.05	GST
1.4	797TC-20	HOSE 420BAR ISO 18752-DC 1-1/4	\$368.84	MTR	15%	\$438.92	GST
1	BRAKE CLEANER	BRAKE CLEANER	\$25.00	EA	15%	\$21.25	GST
2	04Y	VAN 4 ASSEMBLY	\$8.50	1		\$17.00	GST
2	04N	VAN 4 NORMAL LABOUR	\$110.00	1		\$220.00	GST
1	04S	VAN 4 SERVICE	\$75.00	1		\$75.00	GST

**Comment:**  
 KOMATSU PC 400 # 137 REPLACE BOOM HOSE

Sale Amt.:	\$1,163.22
Freight:	\$0.00 GST
GST:	\$116.32
Total Amt.:	\$1,279.54
Paid Today:	\$0.00
<b>Balance Due:</b>	<b>\$1,279.54</b>

**Please Pay by EFT**  
 BSB : 013 481  
 Account : 204827093  
 To pay by Credit card, please call by Phone 03 9314 1344

Please quote invoice number: **00038920**

Customer ABN:



# TAX INVOICE

AZZONA DRAINAGE CONTRACTORS  
PO BOX 1270  
EPPING VIC 3076

Invoice Date  
13 Mar 2026

Invoice Number  
INV-0604

Reference  
BRENT

ABN  
80 688 010 022

BenTrac Group Pty Ltd  
Unit 28 640-680 Geelong  
Rd  
BROOKLYN VIC 3012  
AUSTRALIA



Item	Description	Quantity	Unit Price	Discount	GST	Amount AUD
797TC-16	HOSE 420BAR ISO 18752-DC 1IN	4.50	233.48	15.00%	10%	893.06
11577-16- 16	SAE CODE 61 FLANGE 1	4.00	187.21	15.00%	10%	636.51
11977-16- 16	1" CODE 61 90 DEG 1" TAIL	1.00	309.07	15.00%	10%	262.71
11777-16- 16	CODE 61 FLANGE 45DEG	1.00	231.40	15.00%	10%	196.69
ZS0316	SAE FLANGE O RING	6.00	2.25	15.00%	10%	11.48
BRAKE CLEANER	BRAKE CLEANER	1.00	24.02	15.00%	10%	20.42
19243-4-4- AU	FEMALE BSP SWIVEL	1.00	31.25	15.00%	10%	26.56
1CA43-10- 4	FEM METRIC S/W C/W ORING STR	1.00	30.09	15.00%	10%	25.58
301SN-4	SAE 100 R2AT-04 HOSE	1.20	64.53	15.00%	10%	65.82
AWS ISO 46	OIL 46 20L	1.00	135.44	15.00%	10%	115.12
04N	VAN 4 NORMAL LABOUR	3.50	110.00		10%	385.00
04S	VAN 4 SERVICE	1.00	75.00		10%	75.00
04Y	VAN 4 ASSEMBLY	2.00	8.50		10%	17.00

REPLACE DAMAGED AND  
LEAKING HOSES  
KOMATSU EXCAVATOR PC  
400 #137

Subtotal (includes a discount of  
397.76)

2,730.95

TOTAL GST 10% 273.10

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**TOTAL AUD 3,004.05**

**Due Date: 30 Apr 2026**

BenTrac Group Pty Ltd

BSB: 063 179

ACC: 1066 8048

Phone 03 9314 1344



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## PAYMENT ADVICE

To: BenTrac Group Pty Ltd  
Unit 28 640-680 Geelong Rd  
BROOKLYN VIC 3012  
AUSTRALIA

**Customer** AZZONA DRAINAGE  
CONTRACTORS

**Invoice Number** INV-0604

**Amount Due** 3,004.05

**Due Date** 30 Apr 2026

**Amount Enclosed**

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Enter the amount you are paying above



**TAX INVOICE**  
 Invoice #: 1830182  
 Date: 16/01/2025  
 Time: 16:21

**Invoice To:**

**Deliver To:**

**Sold by:**

AZZONA DRAINAGE CONTRACTORS  
 PO BOX 1270  
 EPPING VIC 3076  
 AUSTRALIA  
 03 9305 3900

AZZONA DRAINAGE CONTRACTORS  
 105 METROLINK CIRCUIT EAST  
 CAMPBELLFIELD VIC 3061  
 AUSTRALIA

UKW SPARES PTY LTD VIC  
 PO BOX 258  
 SOMERTON VIC 3062  
 AUSTRALIA  
 Ph: 03 9217 3580  
 ABN 73 078 916 417

<b>Account:</b> 7036	<b>Customer Order No:</b> PL:137	<b>Terms:</b> 60 days
<b>Attention:</b>	<b>Sales Order No:</b> K301552631	<b>User ID:</b> Jim McTigue

Product/Description	Bin	Product Code	Ordered	Supplied	B/Order	Unit Price	Extended
OIL COOLER PC400-7U	PR5E4		1.00	1.00	0.00	1,250.00	1,250.00
OIL COOLER KOM PC400/450-7							
LOT: A23589							
22B-03-12590N	DF4		2.00	2.00	0.00	9.50	19.00
CUSHION							

\*\*\*CHANGE OF CONTACT NUMBER\*\*\*  
 \*\*03 9217 3580\*\*



<b>Sub Total:</b>	1,269.00
<b>Tax included in total:</b>	126.90
<b>Invoice Total:</b>	1,395.90

<p><b>RETURN OF GOODS</b>          Goods will not be accepted for credit without prior permission. Invoice Number must be quoted. Claims will not be recognised after 7 days. A 10% restocking fee will apply to all goods returned for CREDIT.</p>	<p><b>WARRANTY</b>          Does not apply unless specifically stated on the invoice.</p>	<p><b>Please Note:</b> Title to the Goods covered by this invoice does not pass until the Invoice Price has been paid in full. Goods accepted are subject to our normal terms and conditions as published on our website below or as provided on request.</p>
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