

ABERDEEN BLIND COMPANY

ESTABLISHED 1952

32 Eslemont Avenue
Aberdeen
AB25 1SP
Tel: 01224 637609
Fax: 01224 631172
Email: sales@aberdeen-blinds.co.uk

42282

CUSTOMER ORDER No.

2 men 3 hrs
~~SAVED~~

Cus: *PAUL BUCKLEY*
Add: *SCHLUMBERGER OFFICES*
Unit 1 - Enterprise Dam 15
Whitburn
Tel: *AB32 6TQ*
mobile: ~~077333177119~~
email: *07595 068124*

DATE MEASURED/ORDERED
9/Sept/21

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<i>✓ 1-3</i>
VERTICALS	
VISION	
WOODEN	

AM PM (MEASURING TIME)

MON		
TUE		
WED		
THU	<i>✓</i>	<i>9-12</i>
FRI		

AM PM (FITTING TIME)

MON		
TUE		
WED		
THU		
FRI		

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Any other Instructions	Price
<i>12x Vents</i>		<i>Wave</i>	<i>89</i>				<i>Always Point To Cornman</i>	
<i>Cannot</i>							<i>Measure Date I</i>	
<i>PLEASE SEE STEVEN BH LEADING OFFICER</i>								
<i>MAKE FOR IN DIAM</i>								

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top face
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measured by	fitted by	date	CASH	CHEQUE	SPREE
<i>[Signature]</i>			INVOICE	CARD	

ALL BLINDS MANUFACTURED AFTER 1ST APRIL 2014 MUST COMPLY WITH NEW CHILD SAFETY LAWS. SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. REFUSAL TO ALLOW A SAFETY DEVICE TO BE FITTED WILL RESULT IN THE BLINDS NOT BEING INSTALLED. UNDER THE TERMS OF THIS CONTRACT YOU WILL BE LIABLE TO ACCEPT DELIVERY AND PAY THE FULL AMOUNT. I have ordered the above goods and agree to pay 50% deposit and the remaining balance on the day of fitting. If payment is not made in full at that time Aberdeen Blinds has the right to remove the goods until full settlement is made. Title of the goods does not pass to the customer until payment has been made in full. Declaring that there shall be no liability for normal damage occasioned by such removal.

TOTAL PRICE	£	To Be Confirmed	Special Instructions
DEPOSIT	£	PRICE ACCEPTANCE	
BALANCE	£ <i>1807.50 + Van</i>	Customer's Signature	

PO CPM2194

Coronavirus (COVID-19)

Self-Exposure Assessment Checklist - Visitors to Schlumberger Facility

To be completed *prior* to arriving at the Facility

Visitor Name: Steven Nimmo

Schlumberger facility address
(for visit):

Company Name: Aberdeen Bund
company

Date of planned visit: 10/09/21

Telephone / mobile: 01224 637609

Duration of visit:

E mail: sales@aberdeen-bunds.
co.uk

Purpose of visit: TO measure to supply +
install bunds.

There is consensus (reported by the Centers for Disease Control and Prevention -CDC- and yet to be confirmed by WHO), that COVID-19 has a 1 to 14-day incubation period, and that the virus may be transmissible during this asymptomatic stage (a person can be a carrier of the virus but experience no symptoms). According to the CDC, there are reports of situations in which asymptomatic individuals spread the virus to other individuals. Both the CDC and Public Health Agency of Canada (PHAC) are actively monitoring the situation.

The purpose of this checklist is to evaluate potential exposure to the virus and therefore the potential risk of the visit to the facility.

Question	Yes	No	Comments
In the last 14 days, have you travelled to the best of your knowledge from or through any area with a high incidence of COVID-19 infection, shared transport with people outside your household, used public transport, visited a hospital or other healthcare facility, or been present at any large social gatherings?		✓	
In the last 14 days, has anyone in your household (i.e., those you've been living with) travelled from or through any area with a high incidence of COVID-19 infection, shared transport, used public transport, visited a hospital or other healthcare facility, or been present at any large social gatherings?		✓	
In the past 14 days, have you or anyone in your household experienced any COVID-19 symptoms (fever, persistent dry cough, difficulty breathing, body or head ache, diarrhoea, loss of smell or taste) or had close contact with anyone symptomatic or that has tested positive for COVID-19?		✓	
In the last 14 days, have you practiced social distancing (stayed 2m/6ft from people not in your household) and practiced regular hand hygiene (hand washing for 20-60 seconds and/or regularly use hand sanitizer)?	✓		

Schlumberger strongly recommends that you please contact your host to rearrange your visit if you are suffering from flu-like symptoms, cough, fever or breathing difficulties.

Please continue to the **Page 2** to complete the acknowledgement section.

Acknowledgement	Check the box	Comments
I confirm my answers to the above questions are true to the best of my knowledge	✓	
<p>Notes: Due to the COVID-19 pandemic, we reserve the right to decline entry to our site. In addition, you may be requested to have your temperature taken and/or wear a mask during your stay on our site.</p>		

Signature 

Date 06-09-2021

PLEASE NOW READ AND COMPLETE THE GDPR RELATED NOTICE ON PAGE 3 OF THIS DOCUMENT

REVIEWED BY SCHLUMBERGER

Visit APPROVED

Visit DECLINED

SIGNATURE

NAME

DATE

Schlumberger Manager

Schlumberger HSE
Representative