

Pre Install Assessment Form

FOR BUILDINGS UNDER CONSTRUCTION, BEFORE INSTALLATION OF CAVITY WALL INSULATION

Date of proposed installation: _____

Client: _____

Client's order no/reference: _____

House Type or drawing reference: _____

Plot Number: _____

Site Address _____

Special instructions to Surveyor and/or Operative:

CONSTRUCTION

Type of Brick: _____

Type of wall tie _____

Mortar joints filled to external face with weathered
Bucket handle or birdsmouth jointing: _____

Measured width of cavity: _____ mm

Height of building: _____ m

Measured area of cwi: _____ sq.m.

Cavity tray's present: Y / N

Where: _____

Do the gable apexes require insulating: Y / N

*Gable apexes must be insulated if no cavity tray is present. The cavity must also be insulated if the gable apex forms part of a warm roof.

Roof complete: Y / N

Cavity sealed at windows: Y / N

Stairwell in place: Y / N

Floors in place: Y / N

Air bricks in place: Y / N

Weep vents in place: Y / N

DPC free of significant mortar build up: Y / N

Cavity ties free of significant mortar build up: Y / N

Exposure of building satisfactory: Y / N

Is this plot ready for cavity wall to be installed in accordance with Agrément certificate No: _____ Y / N

Any remedial works to be undertaken by client / installer prior to install.

Note: The installation cannot be undertaken unless all answers are "Y" (Yes) or the remedial works have been completed. The Operative shall document any remedial works he undertakes before, or during installation

DETAILS OF BUILDING TO BE INSULATED

Detached/semi pair/terrace/other - specify _____

Expected cavity wall area to be filled: _____ sq.m.

Design width of cavity: _____ mm

Internal/External filling: _____

TECHNICIAN ASSESSMENT

I can confirm that I have inspected the property/plot and have recorded my findings accordingly. As it stands this property does not comply with all the necessary requirements in accordance with the BBA Certificate to receive CWI.

Name: _____

Company: _____

Signature: _____

Date: _____

Details recorded for information purposes.

SITE AGENT / CONTRACTORS REPRESENTATIVE

I can confirm that I have noted the comments made within this document and understand the possible implications should this plot be insulated in its current condition. However I am happy for this work to continue.

Name: _____

Position held: _____

Signature: _____

Date: _____

OPERATIVE'S JOB RECORD

Test Box Weight: _____

Time of Box: _____

Result of QC test(s): _____

Materials used (Tick):

SIG CWI 11/4834 SIG CWI 34 15/5244

SIG CWI CarbonPlus 13/5001

Special remarks: _____

Name: _____

Signature: _____

Date: _____