

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 Technician:

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 fitted: Y / N

Drill pattern adjustment required: Y / N

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

DETAILS OF BUILDING TO BE INSULATED

Detached/semi /terrace/other - specify _____

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

Width of cavity: _____ mm

Internal 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/does not comply with all the necessary requirements in accordance with the Agrément 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: _____

TECHNICIAN'S JOB RECORD

Test Box Weight: _____

Time of Box: _____

Materials used (Tick):

SIG CWI 11/4834 SIG CWI 34 15/5244

Knauf Party Wall 14/5176

Special remarks: _____

Name: _____

Signature: _____

Date: _____