



Michael D Boughton

Dip DEA, Dip CEA, NHER0 0 4 4 9 1

Questionnaire

Please complete all sections as comprehensively as possible. All supporting documentation should be copied and returned with the questionnaire.

Please confirm the exact postal address of the property including the post code.

Reason for your EPC

Sale of freehold Leasehold Both Other

If other please state _____

Length of occupation or ownership

Occupation Ownership Both _____ years

Property type

Shop Factory Warehouse Restaurant Office

Other

If other please state _____

Detachment

Detached Semi-detached Terraced End-terraced

Other

If other please state _____

Original nature

Purpose built Converted

Age of property

Pre 1965 1965-1976 1977-1982 1983-1990 1991-1995

1996-2002 2003-2006 Post 2006

Or, if you have more specific information:

Exact year _____ Approximate year _____

Services present in the property

Main electricity Main water Main gas Main drainage

LPG Oil Other

If Other please state _____

Location of main service points.

Please confirm location of the following services. If the information is not know please write not know:-

Electricity meter(s) _____

Electricity fuse board(s) _____

Gas meter(s) _____

Main water stop value (internal) _____

Main water stop value (external) _____

LPG, Oil or similar _____



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	Other _____
Have there been any alterations to the building or in the services such as heating?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Please state details in later questions.
Property size	_____ m2 _____ sq.ft Don't Know <input type="checkbox"/>
How do you know the property size?	Estimate <input type="checkbox"/> Based on drawings <input type="checkbox"/> Agents measurements <input type="checkbox"/> Other <input type="checkbox"/> If other please state _____
Please state the type and number of rooms in your property.	Type _____ No. _____ Type _____ No. _____ Type _____ No. _____ Type _____ No. _____ Type _____ No. _____
Please confirm the number of storeys.	Number of storeys _____
Please confirm whether there is a cellar or basement in this property	Cellar:- Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Basement:- Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
If a cellar or basement is present please confirm where and how it is accessed.	Where is it located _____ How is it accessed _____
Planning & Building Regulations	
Is the property a listed building?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> If yes please confirm:- Grade 1 <input type="checkbox"/> Grade 2* <input type="checkbox"/> Grade 2 <input type="checkbox"/>
Is the property situated in a Conservation area?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Planning permissions	Date(s) of any planning permissions:- Details of work:- Local Authority planning reference number(s):-
Listed Building Consent	Date(s) of any Listed Building consent:- Details of work:- Local Authority planning reference number(s):-



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<p>Conservation Area</p> <p>Building Regulations</p>	<p>Date(s) of any Conservation Area consent:-</p> <p>Details of works:-</p> <p>Local Authority planning reference number(s):-</p> <p>Date(s) of any building regulations approval:-</p> <p>Details of work:-</p> <p>Local Authority building regulations reference number(s):-</p>
<p>Alteration to the structure of the building</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p>
<p>Extensions</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p>
<p>Refurbishment</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p>
<p>Introduction of additional insulation</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p>
<p>Other Alterations</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p>



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<p>Alterations to any of the services in the building.</p> <p>Heating</p> <p>Ventilations</p> <p>Air conditioning</p> <p>Lighting</p> <p>Other</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Date:-</p> <p>Details of works:-</p> <p>Where:-</p>
<p>Drawings & Floor Plans</p>	
<p>Do you have drawings or floor plans of the original building or any extensions or alterations?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Do you have specifications of works completed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>



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Do you have any old photographs of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/> If elsewhere provide detail _____
Do you have any other information that may help?	Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/> If elsewhere provide detail _____
Health & Safety Information	
Do you have a Health & Safety statement or policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/> If elsewhere provide detail _____
Do you have a Fire Safety Risk Assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/> If elsewhere provide detail _____
Do you have a risk assessment under the controls of Asbestos Regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/> If elsewhere provide detail _____
Any other relevant health and safety documentation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/> If elsewhere provide detail _____
Please confirm whether our Assessor will require any special Personal Protective Equipment (PPE).	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> If you have answered yes please confirm:- Hard hat <input type="checkbox"/> Boots or other footwear <input type="checkbox"/> Overalls <input type="checkbox"/> Mask <input type="checkbox"/> Google/eye protection <input type="checkbox"/> Gloves <input type="checkbox"/> Other <input type="checkbox"/> If other please specify _____ Please provide further specific details for any of the above:-
Other health and safety issues our Assessor should be aware of. Working at height	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Details:-
Confined spaces	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:-



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Lone working	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:-
Contamination	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:-
Dangerous substances	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:-
Other	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Details:-
Our Inspection	
Please confirm best time to carry out our inspection?	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Out of hours <input type="checkbox"/> Other <input type="checkbox"/> If other please specify _____
Can we gain full access to the property?	Yes <input type="checkbox"/> No <input type="checkbox"/> If you have answered no please let us know which parts are not accessible:-
Please confirm whether you are happy for our Assessor to record images of the property? Are there sensitive areas that you would prefer our Assessor not to take photographs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details:-
Other professionals and maintenance personnel we may contact to ensure we obtain the most accurate information	
Architect	Yes <input type="checkbox"/> No <input type="checkbox"/> Telephone No. _____ Email:- _____ Address:- _____
Surveyor	Yes <input type="checkbox"/> No <input type="checkbox"/> Telephone No. _____ Email:- _____ Address:- _____
Heating Engineer	Yes <input type="checkbox"/> No <input type="checkbox"/> Telephone No. _____ Email:- _____ Address:- _____
Maintenance Company	Yes <input type="checkbox"/> No <input type="checkbox"/>



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<p>Other</p> <p>Are you happy for us to contact them direct?</p>	<p>Telephone No. _____ Email:- _____</p> <p>Address:- _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Telephone No. _____ Email:- _____</p> <p>Address:- _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Construction of the property</p>	
<p>External Walls</p> <p>Wall Insulation</p> <p>Documentary evidence available?</p>	<p>Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Glass <input type="checkbox"/> Asbestos <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Don't Know <input type="checkbox"/></p> <p>If other please specify _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Details including thickness :-</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Roof coverings</p> <p>Roof Insulations</p> <p>Documentary evidence available?</p>	<p>Tile <input type="checkbox"/> Slate <input type="checkbox"/> Steel <input type="checkbox"/> Asbestos <input type="checkbox"/> Felt <input type="checkbox"/> Asphalt <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Don't Know <input type="checkbox"/></p> <p>If other please specify _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Details including thickness :-</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Windows, glazing & emissivity</p> <p>Frames</p> <p>Glazing</p>	<p>Aluminium <input type="checkbox"/> Hardwood <input type="checkbox"/> Metal <input type="checkbox"/> PVC <input type="checkbox"/> Softwood <input type="checkbox"/> Steel <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>If other please specify _____</p> <p>Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quadruple <input type="checkbox"/> Roof-light <input type="checkbox"/></p> <p>Other/special <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>If other/special please specify _____</p>



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<p>Emissivity of glass</p> <p>Documentary evidence available?</p>	<p>Uncoated/Clear <input type="checkbox"/> Tinted <input type="checkbox"/> Low emissivity <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>If other please specify _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Floors</p> <p>Floor Insulation</p> <p>Documentary evidence available?</p>	<p>Solid <input type="checkbox"/> Suspended <input type="checkbox"/> Concrete <input type="checkbox"/> Timber <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If other please specify _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Details including thickness :-</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Heating In the Building</p>	
<p>Heating</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Portable heaters <input type="checkbox"/></p> <p>Central heating using water radiators <input type="checkbox"/></p> <p>Central heating using water convectors <input type="checkbox"/></p> <p>Central heating using floor heating <input type="checkbox"/></p> <p>Central heating using air distribution <input type="checkbox"/></p> <p>Other room heaters – fanned <input type="checkbox"/></p> <p>Other room heaters – unfanned <input type="checkbox"/></p> <p>Unflued radiant heater <input type="checkbox"/></p> <p>Flued Radiant heater <input type="checkbox"/></p> <p>Multi burner radiant heater <input type="checkbox"/></p> <p>Flued forced convection air heater <input type="checkbox"/></p> <p>Un-flued forced convection air heater <input type="checkbox"/></p> <p>Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If other please specify _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>



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<p>Fuel</p>	<p>Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Biogas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Grid Electricity <input type="checkbox"/></p> <p>Anthracite <input type="checkbox"/> Waste Heat <input type="checkbox"/> Smokless Fuel (inc. Coke) <input type="checkbox"/></p> <p>Duel Fuel Appliances (mineral and wood) <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If other please specify _____</p>
<p>Ventilation & System Adjustment</p>	
<p>Heat recovery</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Heat recovery system in building Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm heat recovery seasonal efficiency _____ %</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Duct work</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Has the duct work been leakage tested Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes, does it meet CEN classifications Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes, is it:-</p> <p>Class B Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Class A Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Class worse than A Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>AHU Leakage (Air handling unit)</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Does the AHU meet CEN leakage standards Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes, is it:-</p> <p>Class L1 Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Class L2 Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Class L3 Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Class worst than L3 Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Specific Fan Power For the System</p>	<p>Do you know the SFP for the system Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes, specific fan power _____ W/l/s</p>



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<p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Auxiliary Energy for fanned warm air heaters</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Do you know this information Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes, please confirm:-</p> <p>Auxilliary Energy for fanned warm air heaters KWh auxilliary energy/KWh heating _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Metering & Testing (M & T)</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Does the system have provision for metering Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If you have answered yes does the M & T system have an alarm for out of range values Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>System Controls</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Please confirm which controls are fitted, if any:-</p> <p>Central time Control Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Optimum start/stop control Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Local time control (i.e. room to room) Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Local temperature control (i.e. room to room) Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Weather compensation control Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Hot Water System</p>	
<p>Hot water system type and age</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Please confirm type of hot water system:-</p> <p>Dedicated DHW boiler <input type="checkbox"/> Stand-alone water heater <input type="checkbox"/></p> <p>Instantaneous DHW only <input type="checkbox"/> Instantaneous combi <input type="checkbox"/></p> <p>Heat pump <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If other please specify _____</p> <p>Is the generator later than 1998 Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>



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<p>Hot water system flue type</p>	<p>Please confirm hot water system flue type:-</p> <p>Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Biogas <input type="checkbox"/> Oil <input type="checkbox"/></p> <p>Grid supplies Electricity <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If other please specify _____</p>
<p>Efficiency and Storage</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Do you know the effective heat generated seasonal efficiency?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Is the system a storage system?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm the storage volume in litres _____ Don't Know <input type="checkbox"/></p> <p>If yes please confirm the storage losses in MJ/month _____ Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Secondary Circulation</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Does the system have secondary circulation? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Circulation losses _____ W/m Don't Know <input type="checkbox"/></p> <p>Pump power _____ KW Don't Know <input type="checkbox"/></p> <p>Loop length _____ m Don't Know <input type="checkbox"/></p> <p>Time Control on secondary circulation Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Renewable Energy Systems</p>	
<p>Solar Thermal Hot Water</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Present at property? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes name of the system _____ Don't Know <input type="checkbox"/></p> <p>Which hot water system is it connected to:- _____ Don't Know <input type="checkbox"/></p> <p>Area of the solar collector _____ m2 Don't Know <input type="checkbox"/></p> <p>Orientation:- N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Inclination degree:- 0 <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/></p> <p>60 <input type="checkbox"/> 75 <input type="checkbox"/> 90 <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Solar Photo-Voltaic (SPV)</p>	<p>Present at the property Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>



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<p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>If yes name of system _____ Don't Know <input type="checkbox"/></p> <p>Type:- Monocrystalline silicon <input type="checkbox"/> Polycrystalline silicon <input type="checkbox"/></p> <p>Amorphous silicon <input type="checkbox"/> Other thin film type <input type="checkbox"/> _____</p> <p>Area of the solar collector _____ M2 Don't Know <input type="checkbox"/></p> <p>Orientation:- N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Inclination degree:- 0 <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 75 <input type="checkbox"/> 90 <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Wind Turbines</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Present at the property Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm terrain type:-</p> <p>Smooth flat country (no obstacles) <input type="checkbox"/> Farm land with boundary hedges <input type="checkbox"/></p> <p>Suburban or industrial area <input type="checkbox"/> Urban with average building height less than 15m <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Horizontal axis:-</p> <p>Diameter of blades _____ m Don't Know <input type="checkbox"/></p> <p>Height to the hub _____ m Don't Know <input type="checkbox"/></p> <p>Vertival axis:-</p> <p>Swept area _____ m2 Don't Know <input type="checkbox"/></p> <p>Height to the geometric centre _____ m Don't Know <input type="checkbox"/></p> <p>Power output at rated wind speed _____ KW Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Ventilation & Exhaust</p>	
<p>Destratification Fans</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Present at property? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>



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<p>Mechanical supply ventilation</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Present at property? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm _____</p> <p>Any mechanical supply vents Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Supply specific fan power _____ W/l/s Don't Know <input type="checkbox"/></p> <p>Demand control ventilation Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Activity requires high pressure drop air treatment Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Heat recovery present Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Heat recovery seasonal efficiency ratio _____ Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Mechanical Exhaust</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Present at property? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm _____</p> <p>Local mechanical exhaust system Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Extract rate _____ l/s/m2 Don't Know <input type="checkbox"/></p> <p>Exhaust specific fan power _____ W/l/s Don't Know <input type="checkbox"/></p> <p>Scope of extract system:-</p> <p>Extract system serving multiple spaces Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Extract system serving one room Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Lighting</p>	
<p>Lighting – Full Survey</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Full lighting design carried out Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Total Wattage _____ W Don't Know <input type="checkbox"/></p> <p>Total design illuminance _____ Lux Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Lamp Types</p>	<p>Tungsten lamp Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Metal halide Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Fluorescent (no detail) Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Compact fluorescent Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>



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<p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>If yes please confirm location _____</p> <p>T8 (25mm diameter) tri-phosphor Coated fluorescent tube, high Frequency ballast Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>T8 (25mm diameter) halo-phosphate Coated fluorescent tube, high frequency ballast Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If Yes please confirm location _____</p> <p>T8 (25mm diameter) halo-Phosphate coated, fluorescent Tube, standard ballast Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>T12 (37mm diameter) Halo-phosphate coated Fluorescent tube Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>T5 (16mm diameter) Tri-phosphor coated Fluorescent tube High frequency ballast Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>High pressure sodium <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>High pressure mercury Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Other Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm type _____</p> <p>Location _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Display Lighting & Air Extracting</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Does display lighting use energy efficient lamps Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Lumens per circuit wattage/unit _____ W Don't Know <input type="checkbox"/></p> <p>Air extracting luminaries fitted Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>



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Lighting Control	
<p>Local Manual Switch</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Present in property Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Display Lighting</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Time switch for display lighting Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Type _____</p> <p>Hours off:- _____ hrs Don't Know <input type="checkbox"/></p> <p>Fraction off:- _____ % Don't Know <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Photoelectric Options</p> <p>Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)</p>	<p>Photoelectric controls Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Switching Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Dimming Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Different sensor to control the Back half of the zone Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Stand-alone sensors Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Addressable system Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Do you know the parasitic power of the photoelectric device Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>Parasitic power _____ W/m2</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/></p> <p>If elsewhere provide detail _____</p>
<p>Occupancy Sensing</p>	<p>Present at property Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p> <p>Manual on/off and external Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>If yes please confirm location _____</p>



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Documentary evidence available? (example maintenance log, operating manual, manufacturers information, specifications etc.)	Auto on dimmed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
	If yes please confirm location _____						
	Auto on/off	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
	If yes please confirm location _____						
	Manual on dimmed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
	If yes please confirm location _____						
	Manual-on auto-off	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
If yes please confirm location _____							
Yes <input type="checkbox"/> No <input type="checkbox"/> Copy attached <input type="checkbox"/> Copy at Property <input type="checkbox"/> Copy available elsewhere <input type="checkbox"/>							
If elsewhere provide detail _____							

Questionnaire completed by:-
Signature _____
Print Name _____
Date _____
Please confirm:-
Owner <input type="checkbox"/> Occupier <input type="checkbox"/> Agent <input type="checkbox"/> Representative <input type="checkbox"/> Other, please specify _____