

Conversion Checklist

To enable us to complete your energy assessment we will require:

- 1) A completed Checklist
- 2) Building Regulation plans with dimensions and construction notes (scale 1:100, 1:50)
 - Floor Plans
 - Sections
 - Elevations
- 3) Window schedule (if available)
- 4) Site layout and location plan showing orientation
- 5) Registered postal address(es) of the property('s)

PROJECT DETAILS:

Site address: _____

_____ postcode: _____

Client name and address: _____

_____ postcode: _____

Agent's name and address (if applicable): _____

CONTACT DETAILS:

Who should we contact with any questions?

Company Name: _____ Contact Name: _____

Telephone: _____ Email: _____

TIMESCALE:

Has this project already been submitted to Building Control? no yes/ date: _____

Estimated completion date of build: _____

PAYMENT DETAILS:

Cheque enclosed: Name on cheque: _____
BACS transaction:

Sort Code: 40-23-31
Account No: 81349902

Please provide the following information if not included on the Building Regulation plans;

New Structures

1. New Wall Construction:

Please describe or sketch the structure of the new walls, including the following:

- Brickwork
- Cavity size
- Insulation type
- Insulation thickness
- Plasterboard



2. New Floor Construction:

Please describe or sketch the structure of the new floor including details of:

- Insulation type
- Insulation thickness



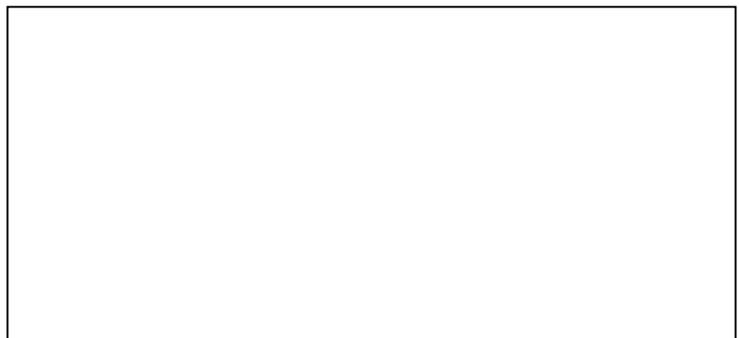
3. New Roof Construction:

Please describe or sketch the structure of the new roof including details of:

- Insulation type
- Insulation thickness
- Insulation at flat ceiling level

Is the roof space a habitable area?

yes no roof pitch:



Existing / Upgraded Structures

4. Floor construction:

- Floor covering (e.g. screed)
- Insulation type
- Insulation thickness
- Floor type (e.g. Block & Beam)

Please provide details of any proposed improvements:

5. Other floor type:

- Floor covering (e.g. screed)
- Insulation type
- Insulation thickness
- Floor type (e.g. Block & Beam)

Please provide details of any proposed improvements:

6. Main wall structure:

- Outer Skin (e.g. brick)
- Cavity
- Insulation type
- Insulation thickness
- Inner skin (e.g. Celcon solar block)
- Plasterboard on dabs

Please provide details of any proposed improvements:

7. Other wall type:

- Outer Skin (e.g. brick)
- Cavity
- Insulation type
- Insulation thickness
- Inner skin (e.g. Celcon solar block)
- Plasterboard on dabs

Please provide details of any proposed improvements:

8. Roof construction:

- Warm Roof / Cold Roof
- Cavity
- Insulation type
- Insulation thickness

Please provide details of any proposed improvements:

9. Other Roof type:

- Warm Roof / Cold Roof
- Cavity
- Insulation type
- Insulation thickness

Please provide details of any proposed improvements:

10. Glazing: please tick all the boxes that apply:

Air gap:	6mm	<input type="checkbox"/>	Double	<input type="checkbox"/>	PVCu	<input type="checkbox"/>
	12mm	<input type="checkbox"/>	Triple	<input type="checkbox"/>	Timber	<input type="checkbox"/>
	16mm	<input type="checkbox"/>	Argon filled	<input type="checkbox"/>	Metal	<input type="checkbox"/>
	16mm +	<input type="checkbox"/>	Low E 'soft coat'	<input type="checkbox"/>	Low E 'hard coat'	<input type="checkbox"/>

11. External Doors:

front:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>
side:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>
rear:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>

12. Ventilation:

Number of low energy extraction fans: _____

Number of standard extraction fans: _____

Mechanical ventilation system: Yes / No

Heat recovery system: Yes / No

13. Main Heating system:

Fuel: _____ Model: _____ Manufacturer: _____

Combi boiler: yes no % efficiency: Floor mounted: Wall mounted:

Radiators: Underfloor Heating:

Ground / Air Source heat pump? Yes no If yes, please see section 20.

14. Heating control details: please tick all the boxes that are applicable:

Programmer:	<input type="checkbox"/>	Zone control:	<input type="checkbox"/>	other:
Room stat:	<input type="checkbox"/>	Load compensator:	<input type="checkbox"/>	
Thermostatic	<input type="checkbox"/>	Interlock:	<input type="checkbox"/>	
Radiator valves	<input type="checkbox"/>		<input type="checkbox"/>	

15. Secondary heating:

Type: _____ Fuel: _____ Hetas Approved:

16. Electric tariff:

Standard: economy 7: 10 hour tariff: 24 hour tariff: other: _____

17. Hot water:

Is it from the central heating boiler? Yes No

18. Cylinder:

Capacity (litres) Insulation thickness (mm)

19. Lighting:

Total number of standard light fittings: total number of low 'E' lights: total number of external lights:

20. Renewable Technology:

Solar Thermal (Hot water) _____

Photovoltaics: _____

Solar Thermal (Hot water) _____

Solar Thermal (Hot water) _____

**Should you require any assistance with this Checklist
please contact us at;**

mail@saps-direct.com

07879 877478

When completed, send to;

**Compass Energy Solutions Ltd
3 Fordwater Close
New England
Halstead
Essex
CO9 4BS**

