

Tenant:

Address:

Tel:

Email:

Job Number:	
Surveyor:	
Date of Survey:	
Time:	
External Temperature:	
Weather Conditions:	
Thermostat Temperature:	
Thermostat Setting / Heating Frequency:	
Number of occupants (inc. pets) at time of visit:	()

Room	Relative Humidity	Air Temp.	Dew Point	Wall Temp.	Floor Covering (Yes / No + type)	Window Covering (Yes / No + type)	Extraction / Ventilation (Yes / No + Pass / Fail)
Hallway							
Kitchen							
Dining Room							
Living Room							
Bathroom							
Bedroom 1							
Bedroom 2							
Bedroom 3							
Bedroom 4							

Tenants' description of the issues and expected resolution (include date and signature):

Signature:	Date:

Surveyors' observations:

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Root Cause Identified:

Root Cause Definition	✓ / ✗
Condensation:	
Penetrating Damp:	
Rising Damp:	
Leaks:	
Insulation (insufficient or missing):	

Advice given to tenant:

Referrals Required:

	✓ / ✗	Reason
Energy Advice:		
Money Advice:		
Digital Inclusion:		

Repairs required:

Trade	Band	Description	Asbestos?

Mould Treatment:

	2 Stage Ceiling	2 Stage Walls	Reseal	Stripping	Stripping Woodchip	4 Stage Ceiling	4 Stage Walls	Sempatap
Lounge								
Kitchen								
Dining Room								
WC								
Bathroom								
Bedroom 1								
Bedroom 2								

Bedroom 3								
Hallway								