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To be filled in by vendor/client or representative prior to inspection, if the form is not returned or information provided to Platt White Partnership in another format then the inspection CANNOT AND WILL NOT be able to be undertaken. The non-return of form will delay the inspection.

Inspections can only proceed when we have these details from vendor or client.

If you are having difficulty responding to questions or have queries please do not hesitate to contact Rob Sunderland at Platt White Partnership on 01244 314111 or info@plattwhite.co.uk and we will aim to help in the forms completion.

HEALTH RELATED

- | | | |
|---|-----|----|
| 1. Are you in the at 'RISK' category as outlined by Government. | Yes | No |
| 2. Are you/anyone in your household symptomatic. | Yes | No |
| 3. Have you/anyone in the household previously tested positive and have since recovered | Yes | No |
| 4. Are occupiers able to leave the property for the duration of the inspection. | Yes | No |

PROPERTY RELATED

1. Is the property occupied. Yes No

2. Where are the electrics located in the property? Meter and Consumer unit.

3. Where is the gas meter located?

4. Where is the stop clock located? Ideally open kitchen cupboards and clear area.

5. Where is the water meter located?

6. Where is the boiler located?

7. Are you aware of any issues in the property? Such as damp, cracking, poor sound transmission from neighbours, defective weather seals to window/doors, other? If yes, please specify where?

8. Do you have any certification in regards to gas and electricity safety?

9. Do you have any guarantees or warranties for windows, boilers, historical damp treatment, extensions etc?

10. Has the property been subject to any subsidence or past structural remedial works and if so, can you provide details/papers?

11. Has the property been subject to any insurance claims however small? Such as water leak or storm damage.

12. Where is the cold-water storage tank located? If applicable

13. Where is the hot water cylinder located? If applicable

14. Is there underfloor heating? If so, where are the controls?

15. What is the broadband service/strength and where is the connection point?

Name

Relation to property or vendor

Date

Other comments or information deemed important

Once this form is received Platt white partnership will confirm or otherwise that the inspection will proceed and the date and time of inspection will be confirmed.

For the avoidance of doubt, should our Surveyor decide it is not safe to commence or conclude a particular instruction, at their sole discretion, the inspection will not proceed.

Many thanks for your kind attention and in anticipation of your cooperation.
For and on behalf of PLATT WHITE PARTNERSHIP