Site Inspection Sheet

Date:

Address:

Health & Safety Concerns:

Walls – remove to \_\_\_\_\_\_\_\_\_\_\_mm

Underfloor Insulation existing YES NO

Wall Insulation existing YES NO

Interior Doors REPLACE RE-USE

Interior Door Frames: REPLACE RE-USE

Ceilings TEXTURED PLAIN

Moisture content Framing \_\_\_\_\_\_\_\_\_\_\_%

Flooring \_\_\_\_\_\_\_\_\_\_\_%

KITCHEN

Kitchen required YES NO

Pantry required YES NO

Door Hardware on site YES NO

Plumbing fittings on site YES NO

New Hot Water Cylinder required YES NO

BATHROOM

Accessible Shower Existing YES NO

Vinyl Required YES NO