

Domestic Housing Preworks Condition Survey (AR024)



Client Name:		Client Reference:	
Occupants Name:		Shield Reference:	
Site Address:			
		Postcode:	

Date of Removal Works:		Site Supervisor:		
			Please tick	Type of ACM being removed i.e. ceiling, floor tiles etc.
ACM to be removed within:	Bathroom			
	Bedroom 1, 2, 3, 4, or 5 (Please circle Bedroom No.)			
	Lounge			
	Dining Room			
	Kitchen			
	Hallway			
Any other Areas:				

Please complete the below for each area that ACM is being removed / transported through. Please ensure photographs are taken to accompany findings.

Removal Area:		
Does the Room require a pre-clean prior to removal:	Yes	No
Note down any pre-existing damage to surfaces, i.e. walls, skirting's, units, work tops: Take Photographs		
Any personal effects / items of furniture remaining in removal area, please list: Take Photographs		
Note down any pre-existing damage to items left in area: Take Photographs		

Transit Route will be: Describe planned transit / waste route	
Note down any pre-existing damage to surfaces, i.e. walls, skirting's, units, work tops within the Transit / Waste Route: Take Photographs	
Any personal effects / items of furniture remaining within the Transit / Waste Route, please list: Take Photographs	
Note down any pre-existing damage to items left within the Transit / Waste Route: Take Photographs	

	Likely to be Disturbed		Type of Protection Required / Used
Wallpaper to Walls:	Yes	No	
Laminate Flooring:	Yes	No	
Coving:	Yes	No	
Kitchen Unit Appliances:	Yes	No	
Bathroom Tiles:	Yes	No	
Bathroom Fittings	Yes	No	

	Already Removed	Will need to be Removed		
Wall Lights:			If yes Quantity:	
Ceiling Lights:			If yes Quantity:	

Are there any additional comments that you wish to make?

Have photographs been taken of all areas highlighted in previous sections after works have been completed? If no please state reason in additional comments box above.

YES

NO

Site Supervisor - please sign, print and date below to confirm all of the above:

Signature:

Print Name: Date:

Home owner or Representative - please sign, print and date below to confirm all of the above:

Signature:

Print Name: Date:

If you would like to leave us feedback relating to your customer experience with Shield Environmental Services Ltd please to go through to our Client Feedback Page.