



Homeowner Self-Assessment Declaration – Survey/Pre-Installation

Name			
Home Address			
City		Postcode	
Date Form Completed			
Installing Company			
Survey Date			

Declaration

To be completed and sent to surveyor no more than 24 hours prior to scheduled site visit

1) Are you, or anyone in your household considered to be in the vulnerable group who are at increased risk of severe illness from coronavirus?

YES		NO	
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Please specify details of vulnerable occupants:

<input type="checkbox"/>	Extremely Vulnerable (received NHS letter)
<input type="checkbox"/>	Vulnerable (underlying health condition and/or is aged over 70)
<input type="checkbox"/>	Other (please specify below)

2) Is your household or anyone in your household isolating?

YES		NO	
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Please specify details of isolation:

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Telephone: 01761 568240 Web: www.homeworks-solutions.co.uk Email: info@homeworks-solutions.co.uk

Registered Address: Unit 17, New Rock Industrial Estate, Rock Road, Chilcompton, Bath, BA3 4JE

Registered in England & Wales No 09215798 - VAT Reg. No 218 7447 88

3) Have you or anyone in your household experienced any recognized coronavirus symptoms in the past 7 days? (including today) e.g.: a continuous cough or a high temperature.			
YES		NO	
4) I will allow the surveyor to use a designated W/C facility at my property providing they bring their own toiletries and clean after use with their own cleaning materials.			
YES		NO	

Emergency Contact Name	
Emergency Contact Phone	

Terms and Conditions:

- Please respect social distancing by remaining a minimum of 2 metres away from surveyor and keep family members and pets away from the room where work is being carried out wherever possible.
- Please do not offer food or drink as we cannot accept it.
- Please help the surveyor to work room by room.
- Co-operate with the surveyor to help everyone stay safe and follow the Government coronavirus social distancing guidelines.
- Please stop or limit visitors to the home during the survey, wherever possible.
- Inform the installation company management and surveyor immediately if a member of the household becomes unwell with any recognized symptoms of coronavirus.

By signing this form, I hereby confirm that the information I have given above is up-to-date, true, and that I will comply with the conditions set out in the above.

Signature	
Name	
Date	