

# Draught Proofing Service

Main contact name for household:		Client number:	
Address:		Phone:	
		Home:	
		Mobile:	
Postcode:		Email address:	
Preferred contact method: Letter		Email	
		Phone	

Survey details			
Name of Surveyor:			
Date of survey:		Time spent on survey:	

Eligibility	
Client over 60	
<input type="checkbox"/> Low income – sole principle income State Pension <input type="checkbox"/> Child Tax Credit (if your income is £15,860 or less) <input type="checkbox"/> Income related Employment and Support Allowance <i>but only if in addition you are getting a work related activity or support component.</i>	
Client under 60	
One of these: <input type="checkbox"/> Income based Job Seeker’s Allowance <input type="checkbox"/> Income related Employment and Support Allowance only <i>(with no work related activity or support component)</i> <input type="checkbox"/> Income Support	Plus at least one from this list: <input type="checkbox"/> Disabled Child Premium <input type="checkbox"/> parental responsibility for a child under 16 years of age, who lives at the property <input type="checkbox"/> parental responsibility for a child aged 16 or over but under 20, who lives at the property and is in full-time education (not in higher education, such as at a university) <input type="checkbox"/> Pension Premium, Higher Pensioner Premium or Enhanced Pensioner Premium <input type="checkbox"/> Child Tax Credit which includes a disability or severe disability element <input type="checkbox"/> Disability Premium, Enhanced Disability Premium or Severe Disability Premium
Client disability, long term health condition, other	
Disability/Health Condition Over 12 months or expected to last over 12 months. Recently out of hospital	
I certify my eligibility for free Cold to Cosy Homes Draught Proofing Service as indicated above.	Signature

Empty property? <i>Tick this box for unoccupied properties</i>	<input type="checkbox"/>
Total number of occupants:	
Number of smoke detectors?	Install?
Carbon Monoxide detector?	Install?
Fire Safety Check referral?	

Draughts identified as:

I confirm that Cold to Cosy Homes Draught Proofing Service and their authorised installers may install the draught proofing and energy saving improvements identified and described in this assessment.  
If I am not the home owner I have the owner's permission.  
I agree for Cold to Cosy Homes Draught Proofing to share my information with partner organisations so they can carry out this service.

Signature

Room	Location	Measure	Priority	Qty	Supply	Cost	Install time

Property Details					
Type of building					
<input type="checkbox"/> Terrace – mid	<input type="checkbox"/> Mobile home	<i>If flat: what type?</i>			
<input type="checkbox"/> Terrace – end	<input type="checkbox"/> Bungalow – Semi-detached	<input type="checkbox"/> Custom block			
<input type="checkbox"/> House – semi-detached	<input type="checkbox"/> Bungalow – detached	<input type="checkbox"/> Divided house			
<input type="checkbox"/> House – detached	<input type="checkbox"/> Flat ( <i>note type</i> →)	<input type="checkbox"/> Above shop / office			
Number of habitable rooms					
No. habitable rooms:	<i>(Note: habitable rooms are bedrooms, reception rooms, and kitchens if there is sufficient space for a table and 4 chairs. Do not count hallways, bathrooms, unconverted cellars and lofts)</i>				
Build dates					
Build date of property:	<input type="checkbox"/> Before 1900	<input type="checkbox"/> 1967 – 1975	<input type="checkbox"/> 1996 – 2002	If unsure, rough estimate:	
	<input type="checkbox"/> 1900 – 1929	<input type="checkbox"/> 1976 – 1982	<input type="checkbox"/> 2003 – 2006		
	<input type="checkbox"/> 1930 – 1949	<input type="checkbox"/> 1983 – 1990	<input type="checkbox"/> After 2007		
	<input type="checkbox"/> 1950 – 1966	<input type="checkbox"/> 1991 – 1995	<input type="checkbox"/> Unknown		
Is there an extension? <input type="checkbox"/> Yes <input type="checkbox"/> No	Build date of extension:	<input type="checkbox"/> Before 1900	<input type="checkbox"/> 1967 – 1975	<input type="checkbox"/> 1996 – 2002	If unsure, rough estimate:
		<input type="checkbox"/> 1900 – 1929	<input type="checkbox"/> 1976 – 1982	<input type="checkbox"/> 2003 – 2006	
		<input type="checkbox"/> 1930 – 1949	<input type="checkbox"/> 1983 – 1990	<input type="checkbox"/> After 2007	
		<input type="checkbox"/> 1950 – 1966	<input type="checkbox"/> 1991 – 1995	<input type="checkbox"/> Unknown	
Is there a loft / room in the roof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Build/ conversion date of room in roof:	<input type="checkbox"/> Before 1900	<input type="checkbox"/> 1967 – 1975	<input type="checkbox"/> 1996 – 2002	If unsure, rough estimate:
		<input type="checkbox"/> 1900 – 1929	<input type="checkbox"/> 1976 – 1982	<input type="checkbox"/> 2003 – 2006	
		<input type="checkbox"/> 1930 – 1949	<input type="checkbox"/> 1983 – 1990	<input type="checkbox"/> After 2007	
		<input type="checkbox"/> 1950 – 1966	<input type="checkbox"/> 1991 – 1995	<input type="checkbox"/> Unknown	
Ownership					
<input type="checkbox"/> Owned by occupier		<input type="checkbox"/> Rented by occupier		<input type="checkbox"/> Rented unoccupied	
Type of renting: <input type="checkbox"/> Private <input type="checkbox"/> Council <input type="checkbox"/> Housing Assoc. <input type="checkbox"/> Student					
Restrictions to work being carried out					
Do they have the right to make changes to the property?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
Is it a listed building?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
Is it in a conservation area?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
Any other restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
Note what these are: <i>(e.g. intending to move soon, future plans for major alterations)</i>					
Previous assessments					
Does the property have an Energy Performance Certificate? <i>(If it was within the last 3 yrs it is still valid)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
		Date: _____ Rating: _____			
Has the property had previous work done under ECO funding? <i>(Work could have been done since March 2013 under ECO (and would most likely have been a boiler replacement.) The client would have been given a receipt from the energy company detailing the work.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
		Notes: _____			
Has the property had a previous Green Deal Assessment done? <i>(The client would have the details – it is a lengthy assessment with a detailed report)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
		Notes: _____			

Wall construction	
Is the exterior:	<input type="checkbox"/> Solid Stone / Brick <input type="checkbox"/> Insulated cavity <input type="checkbox"/> Un-insulated cavity <input type="checkbox"/> Modern timber frame <input type="checkbox"/> Other (e.g. System Built, Airey House, Poured Concrete): _____
Roof	
Loft insulation:	<input type="checkbox"/> none <input type="checkbox"/> under 150mm (6") <input type="checkbox"/> 150-270mm (6-11") <input type="checkbox"/> over 270mm <input type="checkbox"/> No loft
If there is a flat roof - is there adequate flat roof insulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <i>(Does the room with the flat roof feel comparatively cold? If so, there is not adequate insulation)</i>
Do any rooms have sloping ceilings?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Notes: _____

Windows	
Are the windows double glazed:	<input type="checkbox"/> all <input type="checkbox"/> some <input type="checkbox"/> none
Floors	
Ground floor - is it:	<input type="checkbox"/> solid <input type="checkbox"/> floorboards <input type="checkbox"/> mixture
Is there insulation under ground floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Draughts	
<input type="checkbox"/> Through ground floorboards? <input type="checkbox"/> Skirting boards? <input type="checkbox"/> Doors?	<input type="checkbox"/> Windows? <input type="checkbox"/> Chimney? Notes: _____
Heating	
Main heating type: <input type="checkbox"/> Boiler + radiators <input type="checkbox"/> Range + radiators <input type="checkbox"/> Electric storage heaters <input type="checkbox"/> Open fire only	<input type="checkbox"/> Room heaters <input type="checkbox"/> Open fire + radiators (back boiler) <input type="checkbox"/> Other (e.g. district heating) – please state what: _____
Main heating fuel: <input type="checkbox"/> Electricity on-peak <input type="checkbox"/> Electricity off-peak <input type="checkbox"/> Gas – mains <input type="checkbox"/> Gas – LPG	<input type="checkbox"/> Oil <input type="checkbox"/> Solid fuel <input type="checkbox"/> Wood <input type="checkbox"/> Other (e.g. biomass) - please state: ): _____
Secondary heating: <input type="checkbox"/> Electricity on-peak <input type="checkbox"/> Oil <input type="checkbox"/> Electricity off-peak <input type="checkbox"/> Solid fuel <input type="checkbox"/> Gas – mains <input type="checkbox"/> Wood <input type="checkbox"/> Gas – LPG <input type="checkbox"/> Other please state: _____	Describe usage pattern of secondary heating:
Boiler:    Is boiler condensing? <input type="checkbox"/> Yes <input type="checkbox"/> No Make of boiler: _____    Model of boiler: _____ Age of system: <input type="checkbox"/> under 5 yrs <input type="checkbox"/> over 5 yrs Heating controls: <input type="checkbox"/> Programme timer <input type="checkbox"/> Central/wall thermostat <input type="checkbox"/> Thermal Radiator Valves	

Radiators / storage heaters Number of radiators or storage heaters: \_\_\_\_\_  
 Number of external wall radiators: \_\_\_\_\_  
 Number of radiator reflector panels: \_\_\_\_\_

Range: Is a range used? (e.g. AGA or Rayburn)  Yes  No  Occasionally If so, what fuel:

**Chimney Flues**

<input type="checkbox"/> Flue 1	Location:	Diameter if lined:
<input type="checkbox"/> Flue 2	Location:	Diameter if lined:
<input type="checkbox"/> Flue 3	Location:	Diameter if lined:
<input type="checkbox"/> Flue 4	Location:	Diameter if lined:

**Hot Water**

Hot water is provided by:  
 Main heating system  Immersion on-peak  Immersion off-peak  Other (state what):

Is there a hot water tank?  Yes  No  
 How is it insulated?  Jacket  Foam  None Is tank insulation adequate?  Yes  
 No  
*(Jackets or foam should be over 75mm thick)*

Hot water controls:  Tank Thermostat Temp of tank thermostat:   
 Below 60

<input type="checkbox"/> Programme Timer	<input type="checkbox"/> 60
<input type="checkbox"/> On / off switch	<input type="checkbox"/> Above 60

Secondary hot water is provided by:  
 Immersion on-peak  Immersion off-peak  Range  Other (state what):

Fuel Tariff & Annual Energy Use	
What is your annual electricity usage? <i>(in £ or KWh – see annual statement. If unavailable, estimate using monthly bills)</i>	
What is your annual gas usage? <i>(in £ or KWh – see annual statement. If unavailable, estimate using monthly bills)</i>	
Other fuels used? <i>(Annual cost)</i>	
Are you on a dual fuel tariff? <i>(Dual fuel is in the majority of cases cheaper than separate tariffs for gas and electricity)</i>	
Are you paying by monthly direct debit? <i>(This is the cheapest way to pay. Prepayment meters are the most expensive.)</i>	
Have you switched tariff in the past 3 years? <i>(If you have not, you could potentially save money by switching.)</i>	

**Other**

Is there anything else you would like advice about, concerning your household's energy use?

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**Fuel Poverty**

Household showing indicators of fuel poverty?      Likely / Unlikely / Unsure  
*( See fact sheet. If unsure, leave this question)*