



Homeowner Self-Assessment Declaration – Survey/Pre-Installation

| | | | |
|----------------------------|--------------|-----------------|--|
| Name | <i>First</i> | <i>Last</i> | |
| 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 | |
| Please specify details of vulnerable occupants: | | | |
| | Extremely Vulnerable (received NHS letter) | | |
| | Vulnerable (underlying health condition and/or is aged over 70) | | |
| | Other (please specify below) | | |
| | | | |
| 2) Is your household or anyone in your household isolating? | | | |
| YES | | NO | |
| Please specify details of isolation: | | | |
| | | | |
| 3) Have you or anyone in your household experienced any recognised coronavirus symptoms in the past 7 days? (including today) e.g.: a continuous cough or a high temperature. | | | |
| YES | | NO | |

| | | | |
|--|--|-----------|--|
| 4) There is only one WC at my property and therefore surveyor must arrange mobile WC facilities | | | |
| YES | | NO | |

| | |
|--------------------------------|--|
| Emergency Contact Name | |
| Emergency Contact Phone | |

Terms and Conditions:

- Respect social distancing by remaining a minimum of 2 metres away from surveyor and keep family members away from the room where work is being carried out wherever possible.
- Do not offer food or drink.
- 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.
- 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 recognised 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 | |