



Byw yng Nghymru  
Living in Wales

2008

Please affix  
Address Label here

Surveyor Name

Surveyor ID

OFFICE USE ONLY

Checked by Supervisor

Returned to Surveyor

Re-checked by Supervisor

Y N

Y N

Y N

NOTES: Name / Phone numbers / Directions, etc

CHECK YOU ARE AT THE  
CORRECT ADDRESS

DO NOT WRITE PERSONAL DETAILS BELOW THIS LINE

## 1. Survey record

	Visit 1		Visit 2		Visit 3		Visit 4		Visit 5		Visit 6	
Visit made	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Record date of this call (24 hour clock)	Day	Month	Day	Month	Day	Month	Day	Month	Day	Month	Day	Month
Start time	Hr	mm	Hr	mm	Hr	mm	Hr	mm	Hr	mm	Hr	mm
Finish time												
<b>Outcome</b>												
Full/completed survey	1		1		1		1		1		1	
Non-survey	2		2		2		2		2		2	
Partial survey	3		3		3		3		3		3	
<b>Reason for non-survey</b>												
Refusal on doorstep	1		1		1		1		1		1	
Refusal during survey	2		2		2		2		2		2	
Refusal by phone with surveyor	3		3		3		3		3		3	
Refusal notified by Ipsos MORI	4		4		4		4		4		4	
No contact	5		5		5		5		5		5	
Contact made - survey rescheduled	6		6		6		6		6		6	
Too dark to complete	7		7		7		7		7		7	
Other	8		8		8		8		8		8	

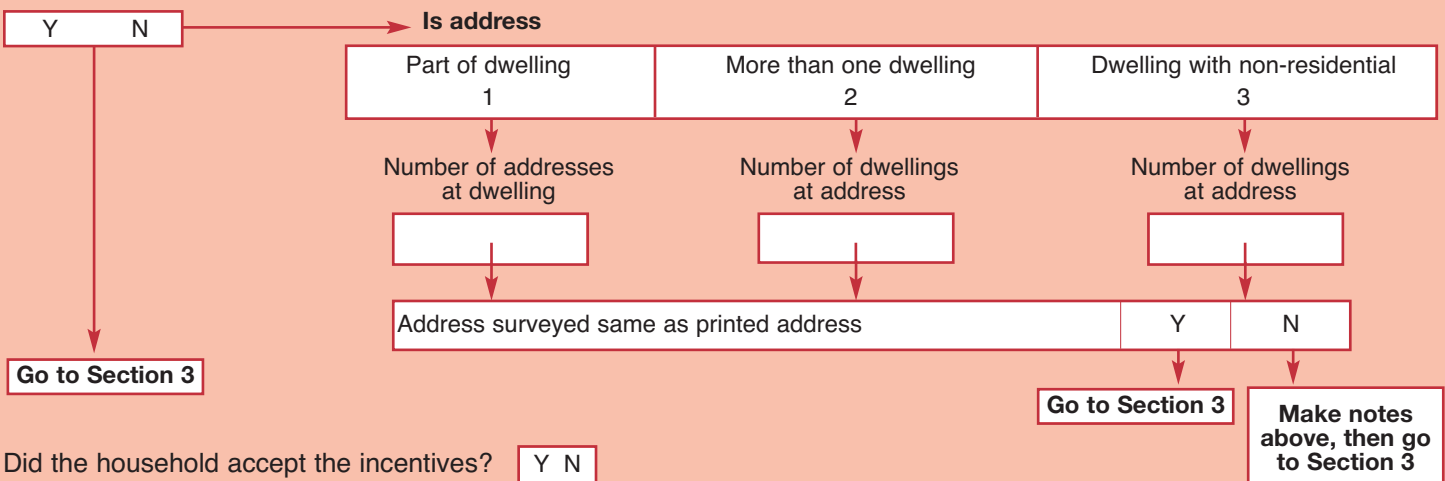
Write in photograph number:

Front of dwelling	Back of dwelling	Up road	Down road

WRITE IN 0 FOR 'NOT TAKEN'  
AND X IF REFUSED PERMISSION

## 2. Dwelling identification

Is address a single dwelling?



### 3. Dwelling description and occupancy

Type of occupancy (*clarify with household*)

Single family dwelling 1	Shared house 2	Household with lodgers 3	Bedsits or flatlets 4	Purpose built with shared amenities 5	Hostel/B&B 6
Refer to Manual for guidance on how to complete form					

Dwelling type

House/bungalow					Flat		
End terrace 1	Mid terrace 2	Semi detached 3	Detached 4	Temporary 5	Purpose built 6	Converted 7	Non residential plus flat 8

Construction date (*clarify with household*)

Pre 1850 1	1850-1899 2	1900-1918 3	1919-1944 4	1945-1964 5	1965-1974 6	1975-1980 7	1981-1990 8	1991-1995 9	1996-2002 10	Post 2002 11
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Actual construction date (or best estimate)

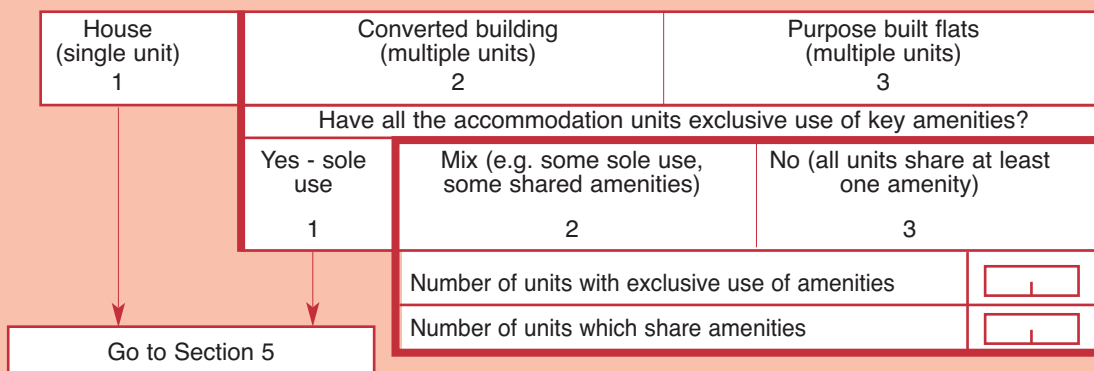
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Occupancy (*ask where possible*)

Occupied 1	Vacant						
	Awaiting another owner 2	Awaiting another tenant 3	Awaiting demolition 4	Being modernised 5	New never occupied 6	Being used for other purpose 7	Other (specify) ----- 8

## IDENTIFY MODULE NOW

### 4. Module associated with the address surveyed



# 5. Interior

Does room exist?	Living room	Kitchen	Bedroom	Bathroom	Circulation
Level (B, G, 1, 2, 3 etc)					
Function (L, K, S, T, D, B, U, C, X)					
Room inspected?	Y N	Y N	Y N	Y N	Y N
Ceiling height (metres)					
Width (metres)					
Depth (metres)					
Serious underestimate of room size?	Y N	Y N	Y N		

## Ceilings (answer in m²)

Faults?	Y N	Y N	Y N	Y N	Y N
Take down and renew					
Isolated repair, fill cracks					

## Floors (answer in m²)

Solid floors?	Y N	Y N	Y N	Y N	Y N
Faults?	Y N	Y N	Y N	Y N	Y N
Replace structure					
Replace only boards or screed					
Refix boards/repair screed					

## Walls (answer in m²)

Faults?	Y N	Y N	Y N	Y N	Y N
Rebuild partition wall					
Hack-off, replaster					
Isolated repair, fill cracks					
Dry lining present?	Y N	Y N	Y N	Y N	Y N
Internal insulation?	Y N	Y N	Y N	Y N	Y N

## Doors (answer in numbers)

Faults?	Y N	Y N	Y N	Y N	Y N
Renew					
Repair/rehang					

## Windows/Frames

Faults?	Y N	Y N	Y N	Y N	Y N
Means of escape?	Y N	Y N	Y N	Y N	Y N
Secondary glazing for sound insulation?	Y N	Y N	Y N	Y N	Y N
Draught proofed?	Y N	Y N	Y N	Y N	Y N

## Heating & Services

CH/prog. appliance?	Y N	Y N	Y N	Y N	Y N
Fixed other heater?	Y N	Y N	Y N	Y N	Y N
Gas point/fused spur?	Y N	Y N	Y N	Y N	Y N
Fluorescent/low energy lighting?	Y N	Y N	Y N	Y N	Y N
No. of 13 A power sockets					

## Defects

	Living room	Kitchen	Bedroom	Bathroom	Circulation
Fabric disrepair	Y	Y	Y	Y	Y
Amenities disrepair	Y	Y	Y	Y	Y
Services disrepair	Y	Y	Y	Y	Y
Sloping floor/cracks/distortion	Y	Y	Y	Y	Y
Wood boring insect attack	Y	Y	Y	Y	Y
Dry/wet rot	Y	Y	Y	Y	Y
Rising (ground level) damp	Y	Y	Y	Y	Y
Penetrating (higher level) damp	Y	Y	Y	Y	Y
Serious condensation/mould growth	Y	Y	Y	Y	Y
Ventilation - window openings sealed	Y	Y	Y	Y	Y
Ventilation - no/small window openings	Y	Y	Y	Y	Y
Inadequate appliance ventilation	Y	Y	Y	Y	Y
Natural light - windows too small	Y	Y	Y	Y	Y
Natural light - overshadowed	Y	Y	Y	Y	Y
Inadequate artificial light	Y	Y	Y	Y	Y
Inadequate heating provision	Y	Y	Y	Y	Y
Ill-fitting doors/windows	Y	Y	Y	Y	Y
Low headroom (collision risk)	Y	Y	Y	Y	Y
Slippery flooring		Y		Y	
Defects present	N	N	N	N	N

Integral garage	Integral balcony	Extra room 1	Extra room 2	Extra room 3	Extra room 4	Extra room 5	Extra room 6	Extra room 7	Habitable rooms (specify No)
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
									Separable units?
									Y N

## Stairs within dwelling

Present?	Y N
Open plan?	Y N
Faults?	Y N
Replace structure	Y
Replace treads	Y
Replace balustrades	Y
Repair/refix treads/balustrades/handrails	Y

## Health and Safety Rating System

	Significantly lower risk than average	Average risk	Significantly higher risk than average
Falls on stairs	1	2	3
Falls on the level	1	2	3
Falls between levels	1	2	3
Fire	1	2	3
Hot surfaces	1	2	3

## Security of dwelling

	High	Fairly high	Fairly low	Low	Very low	Not Apply
Main entrance door	1	2	3	4	5	
Other external doors	1	2	3	4	5	8
Accessible windows	1	2	3	4	5	8

Burglar alarm present?	Y N
Door viewer present?	Y N
Mains powered smoke detector on each floor?	Y N
Entrance door leads directly into living room?	Y N

## Escape route from bedrooms to exit of dwelling

Protected route 1	Enclosed hall 2	Enclosed stair to living 3	Open plan stairs 4	Bedroom off/part of living 5
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## Accessibility

Flush threshold <15mm?	Y N
Room on entrance level suitable for bedroom?	Y N
Bathroom at entrance level?	Y N
WC at entrance level?	Y N
Wheelchair accessible WC at entrance level?	Y N
Change in floor level/trip steps at entrance level?	Y N
Doorsets and circulation meet part M?	Y N
Straight stairs with landings >900mm?	Y N

## Adaptations for the disabled

Ramps?	Y N
Grab rails?	Y N
Stair lift?	Y N
Hoists?	Y N
Electrical modifications?	Y N
Adequate internal storage space?	Y N

## Storage

### Summary of internal condition

	Seriously defective	Defective	Acceptable	Satisfactory
Repair	1	2	3	4
Stability	1	2	3	4
Dampness	1	2	3	4
Ventilation	Unfit	Defective	Acceptable	Satisfactory
	1	2	3	4
Lighting	1	2	3	4
Heating provision	1	2	3	4

**Final fitness assessments**

## Rubbish/pests inside dwelling

None	Minor	Major
1	2	3

# 5. Interior – amenities

## Drinking water supply pipework

Before stopcock?  
After stopcock?

Pipework seen	Lead present	Mains
Y N	Y N	Y N
Y N	Y N	

### Kitchen amenities

Cold water drinking supply?  
Hot water?  
Sink?  
Fixed waste?  
Cooking provision?  
Cupboards?  
Worktop?  
Extractor fan?  
Washing machine provision?  
Tumble dryer provision?  
Refrigerator provision?

	Present Working		Action				
	Y	N	None	Minor repair	Major repair	Replace	Install
Cold water drinking supply?	Y	N	1	2	3	4	5
Hot water?	Y	N	1	2	3	4	5
Sink?	Y	N	1	2		4	5
Fixed waste?	Y	N	1	2		4	5
Cooking provision?	Y	N	1	2	3	4	5
Cupboards?	Y	N	1	2	3	4	5
Worktop?	Y	N	1	2	3	4	5
Extractor fan?	Y	N	Y	Clear Space?			
Washing machine provision?	Y	N	Y	Y			
Tumble dryer provision?	Y	N	Y	Y			
Refrigerator provision?	Y	N	Y	Y			

### Final fitness assessment

	Unfit	Defective	Acceptable	Satisfactory
Cold water supply	1	2	3	4

Adequate cooker space?  Y  N  
 Adequate cupboard space?  Y  N  
 Length of worktop (m)   
 Number of convenient power sockets   
 Number of high level units   
 Number of base level units   
 L shaped?  Y  N

### Safety and Hygiene

	Space	Layout	Cleanability
	1 2 3 4	1 2 3 4	1 2 3 4

### Final fitness assessment

	Unfit	Defective	Acceptable	Satisfactory
Food preparation	1	2	3	4

Amenities last refurbished

Original	Pre 1960	1960s	1970s	1980s	1990s	2000s	In progress
8	1	2	3	4	5	6	7

Actual date of refurbishment (if known)   
 Kitchen adapted for disabled use?  Y  N

### Bathroom amenities

Bath?  
Shower in bathroom?  
Wash hand basin?  
Extractor fan?

	Present Working		Action				Floor			Bathroom badly located?	Separate cubicle?	Bathroom: No. of external surfaces			
	Y	N	Hot & cold water	None	Minor repair	Major repair	Replace	Install	B				B	G	G
Bath?	Y	N	Y	N	1	2		4	5	B	B	G	G		
Shower in bathroom?	Y	N	Y	N	1	2		4	5	B	B	G	G		
Wash hand basin?	Y	N	Y	N	1	2		4	5	B	B	G	G		
Extractor fan?	Y	N	Y	N											

### Safety and Hygiene

	Space	Layout	Cleanability
	1 2 3 4 5	1 2 3 4	1 2 3 4

### Final fitness assessment

	Unfit	Defective	Acceptable	Satisfactory
Bath/shower and wash hand basin	1	2	3	4

Amenities last refurbished

Original	Pre 1960	1960s	1970s	1980s	1990s	2000s	In progress
8	1	2	3	4	5	6	7

Actual date of refurbishment (if known)   
 Bathroom adapted for disabled use?  Y  N  
 Bathroom wheelchair accessible?  Y  N

### W.C. amenities

W.C.?

	Present Working		Action				Floor		Internal?	Close to whb?	In bathroom?	If WC not in bathroom: Extractor fan?			
	Y	N	None	Minor repair	Major repair	Replace	Install	B					B	G	G
W.C.?	Y	N	1	2	3	4	5	B	B	G	G	Y	N	Y	N

### Safety and Hygiene

	Space	Layout	Cleanability	Location
	1 2 3 4 5	1 2 3 4	1 2 3 4	1 2 3 4

### Final fitness assessment

	Unfit	Defective	Acceptable	Satisfactory
W.C.	1	2	3	4

Amenities last refurbished

Original	Pre 1960	1960s	1970s	1980s	1990s	2000s	In progress
8	1	2	3	4	5	6	7

Actual date of refurbishment (if known)   
 WC adapted for disabled use?  Y  N

### Secondary amenities

Second kitchen?  
Second bath?  
Second shower/not in main bathroom?  
Second wash hand basin?  
Second W.C.?

	Present Working		Action				Floor			In bedroom/en-suite		
	Y	N	Hot & cold water	None	Minor repair	Major repair	Replace	B	B		G	G
Second kitchen?	Y	N	Y	N	1	2	3	4	B	B	G	G
Second bath?	Y	N	Y	N	1	2	3	4	B	B	G	G
Second shower/not in main bathroom?	Y	N	Y	N	1	2	3	4	B	B	G	G
Second wash hand basin?	Y	N	Y	N	1	2	3	4	B	B	G	G
Second W.C.?	Y	N			1	2	3	4	B	B	G	G

	Seriously defective	Defective	Acceptable	Satisfactory
Summary of internal drainage	1	2	3	4

## 6. Interior - Primary services

### Gas system

		Action			
		None	Minor repair	Major repair	Replace
Present?	<input type="checkbox"/> Y <input type="checkbox"/> N				
Mains supply?	<input type="checkbox"/> Y <input type="checkbox"/> N	1	2	3	4

### Electrical system

Present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Normal mains supply?	<input type="checkbox"/> Y <input type="checkbox"/> N	Off-peak supply?	<input type="checkbox"/> Y <input type="checkbox"/> N
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Location of meters	Under stairs or on wall	Special cupboard	External access to meter	Mixture	Unknown
	1	2	3	4	5

Type of wiring	Lead or rubber covered	PVC sheathed		Mixture	Unknown
	1	2		4	5

Earthing wires	Unsheathed or green cover	Yellow and green sheath		Mixture	Unknown
	1	2		4	5

Consumer unit arrangement	Separate fuse boxes for each circuit	One or two "covered boxes"	One or two "accessible boxes"	Mixture	Unknown
	1	2	3	4	5

Overload protection	Wire fuses	Cartridge fuses	MCBs	Mixture	Unknown
	1	2	3	4	5

Personal protection	No RCD's	RCD in consumer unit	Separate RCDs	Mixture	Unknown
	1	2	3	4	5

Power sockets	Round 2 or 3 pin	Square 3 pin		Mixture	Unknown
	1	2		4	5

Lighting circuits	Wooden mounting blocks	Flush mounted switches or roses		Mixture	Unknown
	1	2		4	5

Action	None	Minor repair	Major repair	Replace	Install
	1	2	3	4	5

Is there a heat recovery system in the dwelling?  Y  N

Is there any evidence of cavity wall insulation in/around the electricity or gas meters?  Y  N

### Ventilation

Total number of open fireplaces

## 6. Interior – space heating

### Primary heating

Present?  Y  N **If present:**  Y  N Main heat source in winter? (ask household)

Location of system

Individual 1	Communal system		
	Estate 2	Block 3	Group of dwellings 4

If communal, number of dwellings served

### Primary heating group

If present:

Central heating (wet with rads) 1	Storage heaters 2	Warm air 3	Communal/CHP 4	Electric ceiling/underfloor 5	Room heaters 6
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### Primary heating fuel

Gas			Oil	Solid fuel				Electricity				Communal		Other fuels	
Mains 01	Bulk LPG 02	Bottled 03	04	Coal 05	Smokeless fuel 06	Anthracite 07	Wood 08	Standard 09	7 hr tariff 10	10 hr tariff 11	24 hr tariff 12	CHP/Waste heat 13	From boiler 14	Biomass 15	Other renewable 16

Describe other renewable heating:

### Primary heating type

Standard 1	Back boiler 2	Combination 3	Condensing 4	Condensing combi 5	Combined primary storage unit 6	No boiler 7	Unknown 9
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### Critical Information

### FROM TABLE

Code

### Primary heating appliance

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Primary heating distribution

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### If boiler driven system:

Boiler

Manufacturer name:

Model name/number:

### Primary heating controls (non storage heaters)

	Present?		
Overall on/off	Y	N	U
Boiler thermostat	Y	N	U
Central timer	Y	N	U
Manual override on timer	Y	N	U
Room thermostat	Y	N	U
Radiator controls (manual)	Y	N	U
Thermostatic radiator valves (TRVs)	Y	N	U
Time and temperature zone control	Y	N	U
Delayed start thermostat	Y	N	U

### Storage heating controls

	Present?		
Manual charge control	Y	N	U
Automatic charge control	Y	N	U
Select type control	Y	N	U

### Other heating

Present?  Y  N Main heat source in winter? (ask household)

Y  N

### Type of system

Mains gas fires									LPG	Electric heaters			Solid fuel heaters		Paraffin	Other renewable
Open flue 01	Balanced flue 02	Fan assisted 03	Condensing 04	Live effect - sealed to chimney 05	Live effect - fan assisted 06	Decorative - open to chimney 07	Flueless 08	Unknown 09	Fixed heaters 10	Panel, convector or radiant heater 11	Portable 12	Individual storage heater 13	Open fire 14	Stove/ space heater 15	Portable heaters 16	17

Action

None	Minor repair	Major repair	Replace	Age
1	2	3	4	<input type="text"/>

Describe other renewable heating:

## 6. Interior – water heating

Hot water system Present?  Y  N

**If present indicate all systems available**

	Present?	Fuel								Action						
										None	Minor repair	Major repair	Replace	Age		
Boiler with central heating	<input type="checkbox"/> Y <input type="checkbox"/> N															
Boiler (water heating only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Mains gas 01	Bulk LPG 02	Bottled gas 03	Oil 04	Coal 05	Smokeless 06	Anthracite 07	Wood 08	1	2	3	4			
Back boiler (water heating only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Mains gas 01	Bulk LPG 02	Bottled gas 03	Oil 04	Coal 05	Smokeless 06	Anthracite 07	Wood 08	1	2	3	4			
Single immersion heater	<input type="checkbox"/> Y <input type="checkbox"/> N	Standard 09	7 hr tariff 10	10 hr tariff 11	24 hr tariff 12					1	2	3	4			
Dual immersion heater	<input type="checkbox"/> Y <input type="checkbox"/> N			7 hr tariff 10	10 hr tariff 11	24 hr tariff 12					1	2	3	4		
Separate instantaneous heater (Single point)	<input type="checkbox"/> Y <input type="checkbox"/> N	Mains gas 01	Bulk LPG 02	Bottled gas 03	Oil 04	Standard 09					1	2	3	4		
Separate instantaneous heater (Multi point)	<input type="checkbox"/> Y <input type="checkbox"/> N	Mains gas 01	Bulk LPG 02	Bottled gas 03	Oil 04	Standard 09					1	2	3	4		
Communal	<input type="checkbox"/> Y <input type="checkbox"/> N	CHP/waste 13	From boiler 14													
Other	<input type="checkbox"/> Y <input type="checkbox"/> N	Specify:							Fuel from facing page	1	2	3	4			

### Cylinder

present?  Y  N

**If cylinder:**

Size/volume

450 x 900mm (110 l) 1	450 x 1050mm (140 l) 2	450 x 1500mm (210 l) 3	450 x 1650mm (245 l) 4
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Cylinder insulation

Foam Factory insulated 1	Jacket Loose jacket 2	Other 3	None 4
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Cylinder insulation thickness

0 1	12.5mm 2	25mm 3	38mm 4	50mm 5	75mm 6	100mm 7	150mm 8
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### Water heating controls

Time clock for water heating  
Cylinder thermostat

Present?

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U

Present? Sufficient shelving?

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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### Airing Cupboard

## 7. Loft inspection

**Inspect all houses and top floor flats**

House/Bungalow 1	Top floor flat 2	Mid floor flat 3	Ground floor flat 4	Basement flat 5								
<b>GO TO SECTION 8</b> →												
Type of loft	Fully boarded 1	No boarding or partial boarding 2	Room(s) with permanent stairs 3	No loft (flat or very shallow pitched roof) 4								
<b>GO TO SECTION 8</b> →												
Roof insulation above living space?	Yes 1	No 2	Don't know 9									
Type of loft insulation	Mineral wool/fibre glass 1	Vermiculite beads 2	High performance quilt 3	Rigid foam board 4	Not applicable 8	Don't know 9						
Approximate thickness of loft insulation	No insulation 00	25mm 01	50mm 02	75mm 03	100mm 04	125mm 05	150mm 06	200mm 07	250mm 08	300mm 09	>300mm 10	Don't know thickness 99
Loft information from:	Inspection 1	Occupant 2	No information 9									
Any roof structure problems seen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Is there any evidence of <u>cavity wall insulation</u> in the loft?						<input type="checkbox"/> Y <input type="checkbox"/> N				
<b>If yes, describe and transfer to Section 21</b>												





# 9. Common parts of module.

## Common parts exist

**Y N** IF NO, GO TO SECTION 10

Does access/area exist?

Balcony/Deck/Corridor/Lobby

Spacious/Average/Tight

Enclosed?

In module?

Working?

Lift controls accessible to wheelchair user?

Lift controls suitable for use by a visually impaired user?

### Floors/ treads (answer in m<sup>2</sup>)

Faults?

Modify structure

Renew surface

Repair surface

### Walls (answer in m<sup>2</sup>)

Faults?

Modify structure

Renew surface

Repair surface

Repaint surface

### Ceilings/soffits (answer in m<sup>2</sup>)

Faults?

Modify structure

Renew surface

Repair surface

Repaint surface

### Access doors/screens (answer in numbers)

Faults?

Replace

Repair/rehang

Repaint

### Accessway windows (answer in numbers)

Faults?

Replace

Repair

Repaint

### Accessway lighting (answer in numbers)

Faults?

Replace light fittings

Replace light switches

### Balustrades (answer in metre lengths)

Faults?

Replace

Repair

### Defects

Ventilation

Accessway		
Main horizontal of typical/upper level	Stairway on typical/upper level	Main entrance to module
Y N	Y N	Y N
Y N	Y N	Y N
Y N	Y N	Y N

Lifts	Refuse chutes
Y N	Y N
Y N	Y N
Y N	Y N
Y N	Y N
Y N	Y N

## Security of module

Type of access

Concierge system

Door entry system

Multiple access	Single access	Restricted access
1	2	3

Present? Working? In module?

Present?	Working?	In module?
Y N	Y N	Y N
Y N	Y N	Y N

## Fire safety of flat surveyed

Escape route from flat surveyed to final exit from building

Flat is final exit	Through another flat	Through flat and common areas	Through common areas
1	2	3	4

### Fire precautions

Protection to stairs/lobbies?

Self closing fire doors?

Fire extinguishers?

Emergency lighting?

Sign posting?

Safe practices?

Alternative route?

Alarm system?

Present	Action			
	None	Minor	Major	Renew
Y N	1	2	3	4
Y N	1	2	3	4
Y N	1	2	3	4
Y N	1	2	3	4
Y N	1			4
Y N				
Y N				
Y N	1	2	3	4

## Health and Safety (of common areas)

Falls on stairs

Falls on the level

Falls between levels

Fire

Hot surfaces

	Significantly lower risk than average	Average risk	Significantly higher risk than average
Falls on stairs	1	2	3
Falls on the level	1	2	3
Falls between levels	1	2	3
Fire	1	2	3
Hot surfaces	1	2	3

## Contribution to problems (within survey module)

Normal wear and tear

Inadequate maintenance

Inappropriate use

Poor design/specification

Vandalism

Graffiti

Litter/rubbish

	None	Minor	Major
Normal wear and tear	1	2	3
Inadequate maintenance	1	2	3
Inappropriate use	1	2	3
Poor design/specification	1	2	3
Vandalism	1	2	3
Graffiti	1	2	3
Litter/rubbish	1	2	3

### Final fitness assessment (of common parts affecting flat surveyed)

Ventilation	Unfit	Defective	Acceptable	Satisfactory
	1	2	3	4

## Summary of condition of common parts (affecting flat surveyed)

Disrepair

Structural stability

Damp

Drainage

Artificial lighting

Y	Y	Y
Y	Y	Y
Y	Y	Y
Y	Y	Y
Y	Y	Y

Repair

Stability

Dampness

Drainage

Lighting

Seriously defective Defective Acceptable Satisfactory

1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

## 10. Number of flats in module

*This section is critical. Make every attempt to record correct number of flats in module*

Number of flats in module

Specify	Unknown
<input type="text"/>	999

**DOUBLE CHECK** the number of flats against what you have defined as your module in **Section 8** before continuing

Level of lowest flat

Basement	Ground floor	Floor	Unknown
B	G	<input type="text"/>	9

Use of ground floor

Dwelling only	Dwelling and services	Services only	Dwelling and non residential	Non residential only	Dwelling and void	Other
1	2	3	4	5	6	7

Use of basement

No basement	Dwelling only	Dwelling and services	Services only	Dwelling and non residential	Non residential only	Dwelling and void	Other
8	1	2	3	4	5	6	7

Non residential use

If any non residential use, % total floor area of module in non residential use

No non residential				Specify %	Unknown		
88				<input type="text"/>	99		

Not 'dwelling with non residential'	Shop/business	Office	Industrial/institutional	Surgery	Public house	Hotel	Other
8	1	2	3	4	5	6	7

If 'dwelling with non residential': non residential use

If 'dwelling with non residential':

Does the non-residential use include the handling/processing of food for commercial purposes?

Describe other use:

Other flats in module

Are they?

Survey flat is only one in module	Mostly same as survey dwelling	Mostly small flats	Mostly large flats	Mixture of small/large flats	Mixture of flats/maisonettes	Unknown
8	1	2	3	4	5	9

Approximate number of vacant flats in module

Survey flat is only one in module	Specify	Unknown
888	<input type="text"/>	999

# 11. Shared facilities and services (within 100m of survey dwelling)

Do shared facilities/services exist?  Y  N IF NO, GO TO SECTION 12

## Stores and common rooms

	Present?		Location		Action		
	Y	N	Integral	Not Integral	None	Minor	Major
	Not						
Tenant stores	Y	N	1	2	1	2	3
Bin stores	Y	N	1	2	1	2	3
Paladin stores	Y	N	1	2	1	2	3
Laundry	Y	N	1	2	1	2	3
Drying room	Y	N	1	2	1	2	3
Community room	Y	N	1	2	1	2	3
Warden caretaker office	Y	N	1	2	1	2	3

## Common/electrical services

	Present?		Action		
	Y	N	None	Minor	Major
	Not				
CCTV	Y	N	1	2	3
TV reception	Y	N	1	2	3
Lightning conductors	Y	N	1	2	3
Communal heating	Y	N	1	2	3
Burglar alarm system	Y	N	1	2	3
External lighting	Y	N	1	2	3

## Communal parking facilities

	Present?		Location		Action		
	Y	N	Integral	Not Integral	None	Minor	Major
	Not						
Garages	Y	N	1	2	1	2	3
Multi storey parking	Y	N	1	2	1	2	3
Underground parking	Y	N	1	2	1	2	3
Roof parking	Y	N	1	2	1	2	3
Other covered parking	Y	N	1	2	1	2	3
Open air parking bays	Y	N			1	2	3

## Surfaces and fences

	Present?		Action		
	Y	N	None	Minor	Major
	Not				
Drying area/space	Y	N	1	2	3
Children's play areas	Y	N	1	2	3
Unadopted estate roads	Y	N	1	2	3

## Landscaping

	Present?		Action		
	Y	N	None	Minor	Major
	Not				
Paths	Y	N	1	2	3
Walls/fences	Y	N	1	2	3
Hard landscaping	Y	N	1	2	3
Grass/planting	Y	N	1	2	3

## Contribution to problems in condition (outside survey module)

	None	Minor	Major
Normal wear and tear	1	2	3
Inadequate maintenance	1	2	3
Inappropriate use	1	2	3
Poor design/specification	1	2	3
Vandalism	1	2	3
Graffiti	1	2	3
Litter/rubbish	1	2	3

## Accessibility

Number of steps from pavement to entrance of module

Level access	No step but slope >1:20	1 step	2 step	3 or more steps
8	7	1	2	3
Space for ramp				
Not applicable	8	Yes 1	No 2	
Is path firm and even?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Is entrance adequately lit?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Is entrance covered?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		

## Health and Safety of shared areas

	Significantly lower risk than average	Average risk	Significantly higher risk than average
Falls on stairs/steps	1	2	3
Falls on the level	1	2	3
Falls between levels	1	2	3

## Design of landscaping

ANSWER IF SHARED LANDSCAPING PRESENT (Y IN ANY OF 4 BOXES ABOVE)

	Yes			No			Not applicable		
	1	2	3	1	2	3	1	2	3
<b>Paths</b>									
At least 900mm wide?	1	2	3	1	2	3	1	2	3
Gradient gentler than 1 in 12?	1	2	3	1	2	3	1	2	3
Protected from adjacent drops?	1	2	3	1	2	3	1	2	3
<b>Walls/fences</b>									
Conceal bins and/or parking?	1	2	3	1	2	3	1	2	3
<b>Hard landscaping</b>									
Varied?	1	2	3	1	2	3	1	2	3
Conceals bins and/or parking?	1	2	3	1	2	3	1	2	3
Cost effective to maintain?	1	2	3	1	2	3	1	2	3
<b>Grass/planting</b>									
Varied?	1	2	3	1	2	3	1	2	3
Conceals bins and/or parking?	1	2	3	1	2	3	1	2	3
Cost effective to maintain?	1	2	3	1	2	3	1	2	3
Includes trees?	1	2	3	1	2	3	1	2	3
Distance from front/back door to grassy area	8	1	2	1	2	3	1	2	3
Size of grassy area	8	1	2	3	4	5	6	7	8





# 18. Exterior – of house/module

## FRONT VIEW

## BACK VIEW

### Chimney stacks (Number)

Masonry	Other		Masonry	Other
Y N	Y N	Present?	Y N	Y N
		Number		
		Age		
Y N	Y N	Faults?	Y N	Y N
		Rebuild		
		Part rebuild		
		Repoint/refix pot		
		Leave		
Y N	Y N	Urgent?	Y N	Y N
		Replacement period		

### Roof structure (Area)

Pitched	Mansard	Flat	Chalet		Pitched	Mansard	Flat	Chalet
				Tenths of area				
				Age				
Y N	Y N	Y N	Y N	Faults?	Y N	Y N	Y N	Y N
				Replace (m <sup>2</sup> )				
				Strengthen (m <sup>2</sup> )				
Y N	Y N	Y N	Y N	Urgent?	Y N	Y N	Y N	Y N
				Replacement period				

### Roof covering (Area)

Natural slate/stone/shingle	Man made slate	Clay tile	Concrete tile	Asphalt	Felt	Glass/metal/laminate	Thatch		Natural slate/stone/shingle	Man made slate	Clay tile	Concrete tile	Asphalt	Felt	Glass/metal/laminate	Thatch
								Tenths of area								
								Age								
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Faults?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
								Renew (m <sup>2</sup> )								
								Isolated repairs (m <sup>2</sup> )								
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Urgent?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
								Replacement period								

### Roof features and drainage (Length)

Fascias	Valley gutters/flashings	Gutters/down-pipes	Stacks/wastes	Party parapets		Fascias	Valley gutters/flashings	Gutters/down-pipes	Stacks/wastes	Party parapets
Y N	Y N	Y N	Y N	Y N	Present?	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Faults?	Y N	Y N	Y N	Y N	Y N
					Replace (m)					
					Repair (m)					
Y N	Y N	Y N	Y N	Y N	Urgent?	Y N	Y N	Y N	Y N	Y N
					Replacement period					

# 18. Exterior – of house/module (continued)

## FRONT VIEW

Masonry cavity	Masonry single leaf	9" solid	>9" solid	In situ concrete	Concrete panels	Timber panels	Metal sheet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Wall structure (Area)

Net tenths of area

Age

Faults?

Rebuild/renew (m<sup>2</sup>)

Repair (m<sup>2</sup>)

Urgent?

Replacement period

## BACK VIEW

Masonry cavity	Masonry single leaf	9" solid	>9" solid	In situ concrete	Concrete panels	Timber panels	Metal sheet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Masonry pointing	Non-masonry natural	Rendered	Shiplap timber	Tile hung	Slip/tile faced	Wood/metal/plastic panels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Wall finish (Area)

Net tenths of area

Age

Faults?

Render (m<sup>2</sup>)

Renew/repoint (m<sup>2</sup>)

Isolated repairs (m<sup>2</sup>)

Paint (m<sup>2</sup>)

Urgent?

Replacement period

Masonry pointing	Non-masonry natural	Rendered	Shiplap timber	Tile hung	Slip/tile faced	Wood/metal/plastic panels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Dormers and bays

Bays		Dormers		Porches	Conservatories	Balconies
Single storey	Multi storey	Standard	Roof extension		(Survey dwelling)	(Survey dwelling)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bays		Dormers		Porches	Conservatories	Balconies
Single storey	Multi storey	Standard	Roof extension		(Survey dwelling)	(Survey dwelling)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rebuild roof and walls

Rebuild roof only

Rebuild wall only

Major repairs

Minor repairs

Demolish

Urgent?

Replacement period

## Damp proof course (Length)

Physical barrier	Injection DPC	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Present

Faults?

Replace/install (m)

Urgent?

Replacement period

## For all conservatories

Closable door between conservatory and dwelling  Y  N

Footprint of conservatory  m<sup>2</sup>

Conservatory window type  SG  DG

Conservatory roof  1  2





# 19. Around the house/module

## Underground drainage

Drainage system	Mains	Septic tank	Cess pool	Private sewage system	Unknown
	1	2	3	4	9

Faults?	Y N
Blockage	Y
Other (specify)	Y

	Unfit	Defective	Acceptable	Satisfactory
Drainage (interior & exterior)	1	2	3	4
Disrepair (interior and exterior)	1	2	3	4
Dampness (interior & exterior)	1	2	3	4

### Final fitness assessments

(Refer back to pages 3, 4 and 9 for interim assessments including common parts for flats)

## Parking provision of survey dwelling

### ASK HOUSEHOLD

	Present?			On plot?			Visible?			Car spaces					Action				Who owns garage/parking?			
	Y	N		Y	N		Y	N		None	Minor	Major	Renew	Demolish	Household	Local authority	Other landlord	Other				
Integral garage	Y	N		Y	N		Y	N		1	2	3	4		1	2	3	4				
Attached garage	Y	N		Y	N		Y	N		1	2	3	4	5	1	2	3	4				
Detached garage	Y	N		Y	N		Y	N		1	2	3	4	5	1	2	3	4				
Car port	Y	N		Y	N		Y	N		1	2	3	4	5	1	2	3	4				
Designated parking space(s)	Y	N		Y	N		Y	N		1	2	3	4	5	1	2	3	4				

### Street Parking

Adequate	Inadequate	None
1	2	3

### Off Plot Parking

Located within 30 metres of the entrance to dwelling/module, with an even access route of less than 1:12 gradient?  Y  N

## Cavity Wall Insulation Summary

Have you checked:	<input type="checkbox"/> Y	Area around meters (P5)?
	<input type="checkbox"/> Y	Loft space (P7)?
	<input type="checkbox"/> Y	Elevation features (P13)?
	<input type="checkbox"/> Y	Air bricks (P13)?

Have you seen evidence of cavity wall insulation?  Y  N

## Exposure

Is the <b>dwelling</b> in an exposed position?	Not exposed	Slightly exposed	Exposed	Very exposed
	1	2	3	4

# 20. Block

Number of houses/modules in block	Detached house/module 01	Semi detached house/module 02	Specify number <input type="text"/>	More than 50 75
-----------------------------------	-----------------------------	----------------------------------	--	--------------------

Approximate number of seriously defective houses/modules in block	House/module is block 88	Specify number <input type="text"/>
---	-----------------------------	--

Survey block/building in context with surroundings?  Y  N

Situation of block	Major trunk road 1	Main road 2	Side road 3	Cul de sac/crescent 4	Private road 5	Unmade/no road 6
--------------------	-----------------------	----------------	----------------	--------------------------	-------------------	---------------------

Road has traffic calming measures?  Y  N

## 21. Structural defects

Any structural defects present?  Y  N **IF YES, DESCRIBE BELOW AND THEN COMPLETE FINAL FITNESS ASSESSMENT AT BOTTOM OF PAGE**  
**IF NO, GO STRAIGHT TO FINAL FITNESS ASSESSMENT AT BOTTOM OF PAGE**

	Defect	Action required?	Monitor/ examine further?	Action required on assumption problem is progressive										
				Action described elsewhere on form?	Any additional action required that is not accounted for elsewhere									
					Treatment?		Extent							
Roof sagging	Y	Y N	Y N	Y N										
Roof humping	Y	Y N	Y N	Y N										
Roof spreading	Y	Y N	Y N	Y N	Tie-ing	Y N	Number: <input type="text"/>							
					Other	Y N	Specify _____							
Sulphate attack	Y	Y N	Y N	Y N	Chimney-liner	Y N	Linear metres: <input type="text"/> m							
					Other	Y N	Specify _____							
Unstable parapets	Y	Y N	Y N	Y N										
Wall bulging	Y	Y N	Y N	Y N	Tie rods	Y N	Number: <input type="text"/>							
					Strapping	Y N	Number: <input type="text"/>							
					Other	Y N	Specify _____							
Differential movement	Y	Y N	Y N	Y N	Movement-joint	Y N	Linear metres: <input type="text"/> m							
					Other	Y N	Specify _____							
Lintel failure	Y	Y N	Y N	Y N	Replace lintels	Y N	Number: <input type="text"/>							
Wall tie failure	Y	Y N	Y N	Y N	Insert wall ties	Y N	Wall area: <input type="text"/> m <sup>2</sup>							
Unstable floors, stairs or ceilings	Y	Y N	Y N	Y N										
Dry rot/Wet rot	Y	Y N	Y N	Y N	Wall & timber treatment	Y N	Basement 1	One room 2	One floor 3	Loft 4	Most of building 5			
Wood-borer infestation	Y	Y N	Y N	Y N	Timber treatment	Y N	Basement 1	One room 2	One floor 3	Loft 4	Most of building 5			
Adequacy of balconies/ projections	Y	Y N	Y N	Y N	Replace fixings	Y N	Total number: <input type="text"/>							
					Other	Y N	Specify _____							
Foundation settlement	Y	Y N	Y N	Y N	Underpin	Y N	Linear metres: <input type="text"/> m							
					Other	Y N	Specify _____							
Integrity of structural frame	Y	Y N	Y N	Y N	Making-good	Y N	Wall area: <input type="text"/> m <sup>2</sup>							
					Replace frame	Y N								
Integrity of wall panels	Y	Y N	Y N	Y N	Replace fixings	Y N	Total number: <input type="text"/>							
					Other	Y N	Specify _____							
Boundary wall - unsafe height	Y	Y N	Y N	Y N										
Boundary wall - out of plumb	Y	Y N	Y N	Y N										
Boundary wall - horizontal cracking	Y	Y N	Y N	Y N										
Unstable retaining wall	Y	Y N	Y N	Y N										
Any other problems	Y	Y N	Y N	Y N	Specify _____		Specify _____							

Refer back to page 3 (and page 9 if flat) for interim assessments

### Final fitness assessment

	Unfit	Defective	Acceptable	Satisfactory
Structural stability	1	2	3	4

## 22. Summary of fitness

**Refer back to all final fitness assessments and confirm**

	Unfit	Defective	Acceptable	Satisfactory
Is the dwelling unfit?	1	2	3	4

If dwelling is unfit, give detailed description below:-

Ring all grounds for unfitness and describe problems in detail:

1. Structural stability	<input checked="" type="checkbox"/>
2. Disrepair	<input checked="" type="checkbox"/>
3. Dampness	<input checked="" type="checkbox"/>
4. Lighting	<input checked="" type="checkbox"/>
5. Heating	<input checked="" type="checkbox"/>
6. Ventilation	<input checked="" type="checkbox"/>
7. Water supply	<input checked="" type="checkbox"/>
8. Food preparation	<input checked="" type="checkbox"/>
9. WC	<input checked="" type="checkbox"/>
10. Bath/shower/WHB	<input checked="" type="checkbox"/>
11. Drainage	<input checked="" type="checkbox"/>

**If unfit:**

Are there any mitigating circumstances for unfitness decision?

None 1	Short-term refurbishment 2	Being made fit 3
-----------	-------------------------------	---------------------

**If unfit or fit:**

What is the most appropriate course of action?

RETAIN			DO NOT RETAIN	
No action 1	Repair/improve single dwelling 2	Repair/improve block/group of dwellings 3	Demolish/replace individual dwelling 4	Demolish/replace block/group of dwellings 5

## 23. Health and safety rating

Are any of the following five safety hazards significantly worse than those found in average dwellings of their age and type?

Y N

Review the Health and Safety Flags for the Interior (page 3), Common Parts (page 9), Shared Facilities (page 11), and Plot of Survey Dwelling (page 16) to decide whether any of the five hazards are significantly worse than average. If none of the hazards are significantly worse than average, ring 'No' to this question and go to Section 24.

If any of the hazards are significantly worse than average, ring 'Yes', describe below and consider each hazard in turn.

### Description of significant safety hazards

#### Falling on stairs etc.

Significantly higher than average?

Y N

Average Pre 1919

Likelihood of a person over 60 having a fall leading to harm

		1800	1000	560	320	180	100	56	32	18	6	2
--	--	------	------	-----	-----	-----	-----	----	----	----	---	---

Likely outcome if a person over 60 should fall

Class 1 Extreme %  
Class 2 Severe %  
Class 3 Serious %

0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100

Must not add up to more than 100.2%

#### Look-up table

Likelihood Class 1 Outcome	1 in 1800	1 in 1000	1 in 560	1 in 320	1 in 180	1 in 100	1 in 56	1 in 32	1 in 18	1 in 6	1 in 2
0.1%							E	D	C	B	A
0.2%							E-	E	D	C	B
0.5%							E	E	D	C	B
1.0%							E	E+	D	C	A-
2.2%				F	E-	E	D	C	B	A	A
4.6%				E-	E	D	C	B-	B	A	A
10.0%			E-	E	D	C	B-	B	A	A	A
21.5%		E	E	D	C	B	B	A	A	A	A
31.6%		E	D	C	C	B	A	A	A	A	A
46.4%	E	E	D	C	B	B	A	A	A	A	A
100%	D	C-	C	B	A	A	A	A	A	A	A

#### Action required

Action required ?	Action	Coded elsewhere?		Quantity	
Y	Install handrail	Y	N	Metres:	
Y	Install balustrade	Y	N	Metres:	
Y	Cover dangerous balustrade/guarding	Y	N	Metres:	
Y	Repair/replace internal staircase (S5)	Y			
Y	Redesign internal, common or external staircase (design, not condition)		N	Number:	
Y	Repair/replace external/common staircase (S9)	Y			
Y	Repair/replace external steps (S11, S18)	Y	N	Number:	
Y	Cover slippery stairs	Y	N	Flights:	
Y	Repair/replace/provide additional lighting (S5, S9, S11)	Y	N	Number:	
Y	Remove obstacle		N	Number:	

### Falling on level surfaces etc.

Significantly higher than average? Y N

Average

Likelihood of a person over 60 having a fall leading to harm													
	1000	560	320	180	100	56	32	18	6	2			

Likely outcome if a person over 60 should fall	Class 1 Extreme %	0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
	Class 2 Severe %	0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
	Class 3 Serious %	0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100

} Must not add up to more than 100.2%

### Look-up table

Likelihood Class 1 Outcome	1 in 1000	1 in 560	1 in 320	1 in 180	1 in 100	1 in 56	1 in 32	1 in 18	1 in 6	1 in 2
0.1%						E	D	C	B+	A
0.2%					E-	E	D+	C	A-	A
0.5%					E	D	D	C	A	A
1.0%					E	D	D	B	A	A
2.2%				E	D-	D	C	B	A	A
4.6%			E-	E	D	C	B	B	A	A
10.0%	E	E	E	D	C	B	B	A	A	A
21.5%	E	E	D	C	B	B	A	A	A	A
31.6%	E	D	C	C+	B	A	A	A	A	A
46.4%	E+	D	C	B	B	A	A	A	A	A
100%	C-	C	B	A	A	A	A	A	A	A

### Action required

Action required ?	Action	Coded elsewhere?		Quantity	
Y	Repair floors (S5, S9)	Y			
Y	Repair paths/external surfaces (S11, S18)	Y			
Y	Remove trip steps (S5, S9)	Y	N	Number:	
Y	Redesign external pathways (S11, S18)		N	Metres:	
Y	Cover slippery surfaces	Y	N	Sq m:	
Y	Repair/replace/provide additional lighting (S5, S9, S11)	Y	N	Number:	
Y	Remove obstacle		N	Number:	

### Falling between levels

Significantly higher than average? Y N

Average

Likelihood of a child under 5 having a fall leading to harm													
	5600	3200	1800	1000	560	320	180	100	56	32	18	6	2

Likely outcome if a child under 5 should fall	Class 1 Extreme %	0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
	Class 2 Severe %	0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
	Class 3 Serious %	0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100

} Must not add up to more than 100.2%

### Look-up table

Likelihood Class 1 Outcome	1 in 5600	1 in 3200	1 in 1800	1 in 1000	1 in 560	1 in 320	1 in 180	1 in 100	1 in 56	1 in 32	1 in 18	1 in 6	1 in 2
0.1%				H	H	G	F	E-	E	E	E	B	A
0.2%			J	H	H	G	F	E	E	E	E	B	A
0.5%			I	H	H	G	F	E	E	D	D	B	A
1.0%			I	H	G	F	F	E	D-	D	D	A-	A
2.2%		I	H	H	G	F	E	E	D	D	B	A	A
4.6%	I	H	H	G	F	E	E	D	D	B-	B	A	A
10.0%	H	H	G	F	E	D	D	C	B	B	A	A	A
21.5%	H	G	F	E	D	D	C	B	B	A	A	A	A
31.6%	G	F	F	E	D	C-	C	B	A	A	A	A	A
46.4%	G	F	E	E	D	C	B	B	A	A	A	A	A
100%	F	E	D	C+	C	B	A	A	A	A	A	A	A

### Action required

Action required ?	Action	Coded elsewhere?		Quantity	
Y	Install window safety catches	Y	N	Number:	
Y	Repair/replace/provide additional lighting (S5, S9, S11)	Y	N	Number:	
Y	Brick-up dangerous opening / raise cill height		N	Number:	
Y	Repair/replace balconies (S9, S18)	Y			
Y	Repairs to plot (S11, S18)	Y			
Y	Repair/replace existing guarding/balustrading (S5, S9, S11, S18)	Y			
Y	Install new guarding/balustrading		N	Metres:	
Y	Remove obstacle		N	Number:	

## Fire

Significantly higher than average? **Y N**

Average Ave flat

Likelihood of a fire occurring leading to harm if occupied by a person over 60

5600	3200	1800	1000	560	320	180	100	56	32	18	6	2
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Likely outcome if occupied by a person over 60

Class 1 Extreme %  
Class 2 Severe %  
Class 3 Serious %

0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100

Must not add up to more than 100.2%

## Look-up table

Likelihood Class 1 Outcome	1 in 5600	1 in 3200	1 in 1800	1 in 1000	1 in 560	1 in 320	1 in 180	1 in 100	1 in 56	1 in 32	1 in 18	1 in 6	1 in 2
0.1%							G	F-	F	E	E	C	A
0.2%							G	F	E-	E	D	C	A
0.5%						H	G	F	E	E	D	B	A
1.0%						G	G	F-	F	E	D	C	A
2.2%					G	G	F	E	D	C	C	A-	A
4.6%	I	H	H	G	F-	F	E	D	C	C	B	A	A
10.0%	H	H	G	F-	F	E	D	C-	C	B	A	A	A
21.5%	H	G	F	E	E	D	C	B-	C	A	A	A	A
31.6%	G	F-	F	E	D	C-	C	B	B	A	A	A	A
46.4%	G	F	E	E	D	C	B	B	A	A	A	A	A
100%	F	E	D	C+	C	B	A	A	A	A	A	A	A

## Action required

Action required ?	Action	Coded elsewhere?		Quantity
Y	Repair/replace electrical system (S6)	Y		
Y	Provide additional sockets	Y	N	Number:
Y	Repair/replace or reposition heater (S6)	Y	N	Number
Y	Relocate cooker	Y	N	Number:
Y	Re-fit, extend, re-site kitchen (S5)	Y	N	Number:
Y	Repair/Install precautions to common areas (S9)	Y	N	Sq m:
Y	Replace non fire resistant/smoke permeable structure/poly. tiles	Y	N	Sq m:
Y	Upgrade stairway to protected route	Y	N	Flights:
Y	Replace inadequate heating system		N	
Y	Provide fire stop wall to loft space	Y	N	Number:
Y	Provide self-closing doors	Y	N	Number:
Y	Install smoke detection measures	Y	N	Number:
Y	Provide suitable openable windows/doors for MOE (S5, S9)	Y	N	Number:
Y	Provide fire escape	Y	N	Flights:
Y	Remove obstacle		N	Number:

## Flames, hot surfaces etc.

Significantly higher than average? **Y N**

Average

Likelihood of a child under 5 being burnt/scalded

				1000	560	320	180	100	56	32	18	6	2
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Likely outcome if a child under 5 is burnt/scalded

Class 1 Extreme %  
Class 2 Severe %  
Class 3 Serious %

<0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100
0.1	0.2	0.5	1	2.2	4.6	10	21.5	31.6	46.4	100

Must not add up to more than 100.2%

## Look-up table

Likelihood Class 1 Outcome	1 in 1000	1 in 560	1 in 320	1 in 180	1 in 100	1 in 56	1 in 32	1 in 18	1 in 6	1 in 2
0.1%				H	F	E-	E	D	C	A
0.2%				G	F	E	E	D	C	A
0.5%				G	F	E	D-	D	B	A
1.0%				F	E-	E	D	C	B	A
2.2%			F-	F	E	D	D+	C	A	A
4.6%		F-	F	E	D	D	C	B	A	A
10.0%	F-	F+	E	D	C	C+	B	A	A	A
21.5%	E-	E	D	C	B	B	A	A	A	A
31.6%	E	D	C-	C	B	A	A	A	A	A
46.4%	E+	D	C	B	B+	A	A	A	A	A
100%	C-	C	D	A	A	A	A	A	A	A

## Action required

Action required ?	Action	Coded elsewhere?		Quantity
Y	Repair, replace or reposition heater, heating or hot water pipes, or cover (S6)	Y	N	Number:
Y	Relocate cooker	Y	N	Number:
Y	Re-fit, extend, re-site kitchen (S5)	Y	N	Number:
Y	Remove obstacle		N	Number:

## 24. Local area

Nature of area	Urban			Rural					
	City centre 1	Urban 2	Suburban residential 3	Rural residential 4	Village centre 5	Rural 6			
Predominant land use of area	Residential only 1		Mixed residential and other land use 2	Non-residential 3		Rural 4	Working farm 5		
	Under 25 1	25-49 2	50-99 3	100-299 4	300-499 5	500+ 6	Isolated 7 If isolated go to visual quality		
Number of dwellings in area	Pre 1850 1	1850-1899 2	1900-1918 3	1919-1944 4	1945-1964 5	1965-1980 6	Post 1980 7	None 8	
	Houses				Flats				Mixed houses and flats 9
Predominant residential building type	Terraced 1	Semi-detached 2	Detached 3	Mixed 4	Low rise 5	High rise 6	With commercial 7	Mixed 8	
	Mainly single units 1		Mainly converted 2						
Predominant tenure	Privately built 1		Local authority built 2	Housing association built 3	Mixed tenure 4		Impossible to ascertain 9		
	Not on estate 8	Same as area 1	Under 25 2	25-49 3	50-99 4	100-299 5	300-499 6	500+ 7	
Number of dwellings on estate	Not on L.A. estate 8	None (0%) 1	1-10% 2	11-25% 3	26-50% 4	51-75% 5	76-99% 6	100% 7	
	If area is L.A. estate, % of RTB dwellings	Not needed 8	None 1	A little 2	Some 3	Extensive 4	With redevelopment 5	Redevelopment only 6	
Repair and improvement activity in area		Best							Worst
	1	2	3	4	5	6	7	↓	

### Visual quality of local area

1	2	3	4	5	6	7
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### Problems in local area

	No problems			Major problems	
Litter/rubbish/dumping	1	2	3	4	5
Graffiti	1	2	3	4	5
Vandalism	1	2	3	4	5
Dog/other excrement	1	2	3	4	5
Condition of dwellings	1	2	3	4	5
Vacant sites	1	2	3	4	5
Intrusive industry	1	2	3	4	5
Non-conforming uses	1	2	3	4	5
Vacant/boarded-up buildings	1	2	3	4	5
Ambient air quality	1	2	3	4	5
Heavy traffic	1	2	3	4	5
Intrusion from motorways/arterial roads	1	2	3	4	5
Railway/aircraft noise	1	2	3	4	5
Nuisance from street parking	1	2	3	4	5
Scruffy gardens/landscaping	1	2	3	4	5
Scruffy/neglected buildings	1	2	3	4	5