

# Conversion Checklist

To enable us to complete your energy assessment we will require:

- 1) A completed Checklist
- 2) Building Regulation plans with dimensions and construction notes (scale 1:100, 1:50)
  - Floor Plans
  - Sections
  - Elevations
- 3) Window schedule (if available)
- 4) Site layout and location plan showing orientation
- 5) Registered postal address(es) of the property('s)

## PROJECT DETAILS:

Site address: \_\_\_\_\_

\_\_\_\_\_ postcode: \_\_\_\_\_

Client name and address: \_\_\_\_\_

\_\_\_\_\_ postcode: \_\_\_\_\_

Agent's name and address (if applicable): \_\_\_\_\_

\_\_\_\_\_

## CONTACT DETAILS:

Who should we contact with any questions?

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## TIMESCALE:

Has this project already been submitted to Building Control?  no  yes/ date: \_\_\_\_\_

Estimated completion date of build: \_\_\_\_\_

Please provide the following information if not included on the Building Regulation plans;


## New Structures

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### 1. New Wall Construction:

Please describe or sketch the structure of the new walls, including the following:

- Brickwork
- Cavity size
- Insulation type
- Insulation thickness
- Plasterboard



### 2. New Floor Construction:

Please describe or sketch the structure of the new floor including details of:

- Insulation type
- Insulation thickness



### 3. New Roof Construction:

Please describe or sketch the structure of the new roof including details of:

- Insulation type
- Insulation thickness
- Insulation at flat ceiling level

Is the roof space a habitable area?

yes  no  roof pitch:



# Existing / Upgraded Structures

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## 4. Floor construction:

- Floor covering (e.g. screed)
- Insulation type
- Insulation thickness
- Floor type (e.g. Block & Beam)

Please provide details of any proposed improvements:

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## 5. Other floor type:

- Floor covering (e.g. screed)
- Insulation type
- Insulation thickness
- Floor type (e.g. Block & Beam)

Please provide details of any proposed improvements:

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## 6. Main wall structure:

- Outer Skin (e.g. brick)
- Cavity
- Insulation type
- Insulation thickness
- Inner skin (e.g. Celcon solar block)
- Plasterboard on dabs

Please provide details of any proposed improvements:

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### 7. Other wall type:

- Outer Skin (e.g. brick)
- Cavity
- Insulation type
- Insulation thickness
- Inner skin (e.g. Celcon solar block)
- Plasterboard on dabs

Please provide details of any proposed improvements:

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### 8. Roof construction:

- Warm Roof / Cold Roof
- Cavity
- Insulation type
- Insulation thickness

Please provide details of any proposed improvements:

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### 9. Other Roof type:

- Warm Roof / Cold Roof
- Cavity
- Insulation type
- Insulation thickness

Please provide details of any proposed improvements:

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**10. Glazing:** please tick all the boxes that apply:

Air gap:	6mm	<input type="checkbox"/>	Double	<input type="checkbox"/>	PVCu	<input type="checkbox"/>
	12mm	<input type="checkbox"/>	Triple	<input type="checkbox"/>	Timber	<input type="checkbox"/>
	16mm	<input type="checkbox"/>	Argon filled	<input type="checkbox"/>	Metal	<input type="checkbox"/>
	16mm +	<input type="checkbox"/>	Low E 'soft coat'	<input type="checkbox"/>	Low E 'hard coat'	<input type="checkbox"/>

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**11. External Doors:**

front:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>
side:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>
rear:	solid	<input type="checkbox"/>	half glazed	<input type="checkbox"/>	fully glazed	<input type="checkbox"/>

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**12. Ventilation:**

Number of low energy extraction fans: \_\_\_\_\_

Number of standard extraction fans: \_\_\_\_\_

Mechanical ventilation system: Yes / No

Heat recovery system: Yes / No

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**13. Main Heating system:**

Fuel: \_\_\_\_\_ Model: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Combi boiler: yes  no  % efficiency:  Floor mounted:  Wall mounted:

Radiators:  Underfloor Heating:

Ground / Air Source heat pump? Yes  no  If yes, please see section 20.

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**14. Heating control details:** please tick all the boxes that are applicable:

Programmer:	<input type="checkbox"/>	Zone control:	<input type="checkbox"/>	other:
Room stat:	<input type="checkbox"/>	Load compensator:	<input type="checkbox"/>	
Thermostatic	<input type="checkbox"/>	Interlock:	<input type="checkbox"/>	
Radiator valves	<input type="checkbox"/>			

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**15. Secondary heating:**

Type: \_\_\_\_\_ Fuel: \_\_\_\_\_ Hetas Approved:

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**16. Electric tariff:**

Standard:  economy 7:  10 hour tariff:  24 hour tariff:  other: \_\_\_\_\_

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**17. Hot water:**

Is it from the central heating boiler? Yes  No

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**18. Cylinder:**

Capacity  ( litres) Insulation thickness  (mm)

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**19. Lighting:**

Total number of standard light fittings:  total number of low 'E' lights:  total number of external lights:

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**20. Renewable Technology:**

Solar Thermal (Hot water) \_\_\_\_\_

Photovoltaics: \_\_\_\_\_

Solar Thermal (Hot water) \_\_\_\_\_

Solar Thermal (Hot water) \_\_\_\_\_

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**Site Address:**

I ..... confirm that the above property has been built in accordance with the design specification submitted to A.T Solutions, and accredited construction details for thermal bridging have been used.

I also confirm that the boiler installed at the property is a .....

Signed: .....

Date: .....

**Should you require any assistance with this Checklist please contact us at;**

**[sap@airtestingsolutions.co.uk](mailto:sap@airtestingsolutions.co.uk) or Call us on 01763 268685**

**When completed send too:**



**Fieldgate Nurseries, Unit 32 Station road, Meldreth, Royston, Herts, SG8 6JP**

