

Name

First

HOMEOWNER SELF-ASSESSMENT DECLARATION - INSTALLATION

Last

Home Address			
City		Destands	
City		Postcode	
Date Form Completed			
Date Form completed			
Installing Company			
Installation Date			
	DECLARATION		
To be completed and sent to insta			
1) Are you, or anyone in your		be in the vulnerable	group who are at
increased risk of severe illr			
YES	NO	<u> </u>	
Please specify details of vulner			
Extremely Vulnerable (re		d 70\	
	ealth condition and/or is ag	ged over 70)	
Other (please specify bel	OW)		
2) Is your household or anyor	ne in vour household isolat	ting?	
YES	NO		
Please specify details of isolati			
Trade specify details of isolati	<u> </u>		
3) Have you or anyone in you	r household experienced	any recognised coro	navirus symptoms in the
past 7 days? (including tod	ay) e.g. a continuous coug	h or a high temperat	ture.
YES		NO	
4) I have demonstrated to ins	tallers the safe route in/a	round the home as a	greed at pre-installation
survey.			
YES		NO	
5) I will allow the surveyor to			
own toiletries and clean after use with their own cleaning materials. I have explained the			
designated WC facilities as			T
YES		NO	

Continued overleaf...

Emergency Contact Name	
Emergency Contact Phone	

Terms and Conditions:

- Please respect social distancing by remaining a minimum of 2 metres away from site operative(s) 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 site operative(s) to work room by room.
- Co-operate with the site operative(s) to help everyone stay safe and follow the Government coronavirus social distancing guidelines.
- Please stop or limit visitors to the home while work is being carried out, wherever possible.
- Inform installation company management and surveyor/site operative(s) 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	