



LAKES & DALES  
WINDOW CO.

HOMEOWNER SELF-ASSESSMENT DECLARATION –  
SURVEY/PRE-INSTALLATION

Name	First	Last	
Home Address			
City		Postcode	
Date Form Completed			
Installing Company	LAKES & DALES WINDOW CO.		
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:			
<input type="checkbox"/>	Extremely Vulnerable (received NHS letter)		
<input type="checkbox"/>	Vulnerable (underlying health condition and/or is aged over 70)		
<input type="checkbox"/>	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) I will allow the surveyor to use a designated W/C facility at my property providing they bring their own toiletries and clean after use with their own cleaning materials.			
YES		NO	

Emergency Contact Name	
Emergency Contact Phone	

*Continued overleaf...*

**Terms and Conditions:**

- Please respect social distancing by remaining a minimum of 2 metres away from surveyor/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 surveyor/site operative(s) to work room by room.
- Co-operate with the surveyor/site operative(s) to help everyone stay safe and follow the Government coronavirus social distancing guidelines.
- Please stop or limit visitors to the home during the survey/pre installation checks, 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.

<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	