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SOUND TEST BOOKING FORM

CONTACT-

NAME-_____

ADDRESS_____

CONTACT NO-_____

EMAIL-_____

AGREED TEST DATE _____

TEST ADDRESS _____

SITE CONTACT-_____

SITE CONTACT TEL-_____

NUMBER OF TESTS _____

AGREED TOTAL COST £ _____

DEPOSIT UPON BOOKING £ _____

BALANCE (To be made before the start of test) £ _____

CHEQUE ENCLOSED (Please Tick) YES____NO____

Please make cheques payable to- Southern Assessors

HARD COPY PLANS INCLUDED (Please tick) YES____NO____

HAVE APPROVED CONSTRUCTION METHODS BEEN ADOPTED (Please Tick) YES_NO

TERMS AND CONDITIONS

1.0 Site requirements

1.1 All Health and Safety procedures for the Test site must be provided to Southern Assessors no later seven working days prior To the test including any required safety inductions.

1.2 The Dwelling to be tested must be in its complete state.

1.3 240v or 110v electricity must be available at the dwelling to be tested.

1.4 No working operations can take place at the Dwelling to be tested whilst the Air tightness test is being carried out.

2.0 A hard copy of the plans must be provided when booking the test.

3.0 Payments

3.1 A minimum of 50 % non-re-fundable Deposit must be made for each dwelling to be tested to secure the booking.

3.2 The balance payment must be made before the start of test.(please note test certificates will not be issued until the payment is cleared).

3.3 Changes to the test date must be given no later than seven working days prior to testing or additional charges may be occurred.

3.4 Please adhere to site visit check list before the engineer is on site.

I HEREBY AGREE TO COMPLY WITH SOUTHERN ASSESSORS TERMS AND CONDITIONS

PRINT NAME _____

SIGNED _____

DATE _____

PLEASE FILL IN AND RETURN TO SOUTHERN ASSESSORS ASAP TO SECURE YOUR BOOKING