

CAVITY BARRIER INSPECTION CHECK LIST

CUSTOMER DETAILS

SITE		ADDRESS	
CUSTOMER NAME		EMAIL	
TELEPHONE (M)		TELEPHONE (H)	

PROPERTY DETAILS

HOUSE MATERIAL		ROOF MATERIAL		
HOUSE TYPE		ROOF TYPE		
SMOKE ALARMS OPERATING NORMALLY ?			IS THE LOFT OVER FULL ?	
ARE THE DOWNLIGHTERS COMPLIANT ?			CLEAR ACCESS FROM HATCH TO PARTY WALL ?	

MISSING

SPANDREL INSULATED PAD		BLOCK TYPE	
SPANDREL JOINTS		PENETRATION HOLES	
SPANDREL ADEQUATELY RESTRAINED		HAS PROTECTIVE FILM BEEN REMOVED ?	

	EAVES		BOXED EAVES		GABLES		OVERFELT		UNDERFELT		SPANDRELS	
	FRONT	BACK	FRONT	BACK	LEFT	RIGHT	FRONT	BACK	FRONT	BACK	LEFT	RIGHT
ALL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
PART	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

REMEDIAL STOCK & REQUIREMENTS

NOTES	SCAFFOLDING	FRONT	BACK
	TRADITIONAL	☐	☐
	TOWER	☐	☐
	CHERRY PICKER	☐	☐

BOOKING DETAILS

REMEDIAL DATE		BOOKED	☐
DURATION		SIGNED	
TIME		INSPECTION DATE	