

CAVITY BARRIER REMEDIAL CHECK LIST

CUSTOMER DETAILS

SITE		ADDRESS	
CUSTOMER NAME		PLOT NO	

PROPERTY DETAILS

HOUSE MATERIAL		HOUSE TYPE	
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DETAILS OF REMEDIAL WORKS COMPLETED

ALL REMEDIALS COMPLETED	YES ☐	NO ☐
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DETAILS OF REMEDIAL WORKS STILL TO COMPLETE (IF APPLICABLE)

RETURN REQUIRED	YES ☐	NO ☐
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RETURN DATE		RETURN TIME	
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BOOKING DETAILS

SIGNED		REMEDIAL DATE	
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