

**Free Phone: 0800 138 7598**

**Email: [info@airandsoundtesting.co.uk](mailto:info@airandsoundtesting.co.uk)**

**Website: [www.airandsoundtesting.co.uk](http://www.airandsoundtesting.co.uk)**

## AIR 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 completed state, fully finished with all fixtures and fittings.

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, along with the Design Air Permeability.

#### 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.

3.5 If the dwelling to be tested is not ready on the agreed day of test you will be charged at the full agreed total cost.

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\***