

## BER Technical Specifications Document

All documents, drawings, site plans and specifications, including the list detailed below are to be clearly signed and dated by the client.

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone No: \_\_\_\_\_

Client Email: \_\_\_\_\_

Property Type: \_\_\_\_\_

Property Address: \_\_\_\_\_

### Construction Details

Structure Type (Timber or Steel Frame / Masonry): \_\_\_\_\_

Main Wall (type and U-value): \_\_\_\_\_

Secondary Wall (type and U-value): \_\_\_\_\_

Ground Floor (type and U-value): \_\_\_\_\_

Roof (type and U-value): \_\_\_\_\_

### Window and Door Detail

Dimensions (if not on house drawings): \_\_\_\_\_

U-value (if available): \_\_\_\_\_

Glazing Type (double/Triple, Air/Argon filled): \_\_\_\_\_

Gap Size: \_\_\_\_\_

Frame Type: \_\_\_\_\_

Low e (yes/no): \_\_\_\_\_



**Main Heating System**

Boiler Type: \_\_\_\_\_

Boiler Make & Model:

\_\_\_\_\_

Boiler Efficiency (if known):

\_\_\_\_\_

Main Fuel: \_\_\_\_\_

Individual or Community System:

\_\_\_\_\_

**Distribution System Losses and Gains**

How Many Zones:

\_\_\_\_\_

Type of Zone Heating Controls:

\_\_\_\_\_

Room Stats (Yes / No):

\_\_\_\_\_

TRV's (Yes / No):

\_\_\_\_\_

Separate Primary Pipe work for different Zones (Yes / No):

\_\_\_\_\_

Weather Compensator (Yes / No):

\_\_\_\_\_

Load Compensator (Yes / No):

\_\_\_\_\_

Central Heating Pump (Yes / No, how many):

\_\_\_\_\_

Interlock on Boiler (Yes / No):

\_\_\_\_\_

Boiler Flue (Fan assisted?):

\_\_\_\_\_

Heat Emitter Detail:

\_\_\_\_\_

Type of Secondary Heating:

\_\_\_\_\_

**Water Heating System**

Type of Water Heating Primary Source:

\_\_\_\_\_

Type of Water Heating in Summer \_\_\_\_\_

Cylinder Size: \_\_\_\_\_

Type and Thickness of Insulation:

\_\_\_\_\_

Cylinder Stat Present (Yes / No):

\_\_\_\_\_



Primary Pipework Insulated (Yes / No):

Solar Water Heating (Yes / No):

Combi (Yes / No):

**Ventilation**

Type of Ventilation:

If Mechanical ventilation give Manufacturer & Model:

No. of Intermittent Fans & Passive Vents:

No. of Flueless Gas Fires:

No. of Chimneys:

No. of Open Flues:

**Lighting**

% of Low Energy Light Fittings:

**Details of any Renewable Energy Sources in use (if any)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List of all Drawings and / or Documents provided for the assessment:

Drawing / Document Reference Revision No. Revision Date

Drawing / Document	Reference	Revision No.	Revision Date

**Authorised signatory (Client)**

\_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

