

Site Survey Form

Contact Name:	Contact Address:
Email:	
Landline No:	Site Address:
Mobile No:	

What do you want to boost?:	Combi Boiler System	Unvented System	Gravity Fed System	Electric Shower	Other:
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Incoming mains static pressure (no outlets running):	Max. flow rate (L/min):
Location of test (outlet):	Time & date of test:
Additional details:	

Size of incoming main pipe:	Material of incoming main pipe:
Internal stopcock location:	Double check valve fitted?:
Additional details:	

What is the highest floor in the property with a shower/bath/tap you would like to boost? (e.g. ground floor, first floor etc)

Total occupants:	Adults:	Teenagers:	Children:
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How many showers do you have in your home?:			
Shower 1 details	Shower 2 details	Shower 3 details	Shower 4 details
Shower type:	Shower type:	Shower type:	Shower type:
Flow Rate:	Flow Rate:	Flow Rate:	Flow Rate:
Location:	Location:	Location:	Location:
Shower head more than 150mm diameter (Yes/No):	Shower head more than 150mm diameter (Yes/No):	Shower head more than 150mm diameter (Yes/No):	Shower head more than 150mm diameter (Yes/No):
Drench shower head fitted (Yes/No):	Drench shower head fitted (Yes/No):	Drench shower head fitted (Yes/No):	Drench shower head fitted (Yes/No):
Body jets (Yes/No):	Body jets (Yes/No):	Body jets (Yes/No):	Body jets (Yes/No):
Total flow rate:	Total flow rate:	Total flow rate:	Total flow rate:

How many baths do you have in your home?

No of showers at the same time:	Length of showers:
Any other appliances within the property used during showers:	
Any times/conditions that usually cause an issue:	

Total flow rate required:

Possible locations for AccuBoost system:

Site/space/access limitations:

Additional notes/information:

Survey conducted by:	Date:	Time:
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