



# SITE SURVEY FORM

**The purpose of this form is to provide us with the necessary information to undertake the installation. All information provided must be accurate, as incorrect information may lead to additional costs.**

Client's Name: \_\_\_\_\_ Site Contact Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Tick below to specify the job required:**

New Installation \_\_\_\_\_ Existing Installation \_\_\_\_\_ Repair \_\_\_\_\_ Service \_\_\_\_\_

**Specify the type of installation required:**

Window \_\_\_\_\_ Wall Mount \_\_\_\_\_ Ceiling Mount \_\_\_\_\_

**Specify room size:**

- |          |               |              |               |
|----------|---------------|--------------|---------------|
| 1. _____ | Length: _____ | Width: _____ | Height: _____ |
| 2. _____ | Length: _____ | Width: _____ | Height: _____ |
| 3. _____ | Length: _____ | Width: _____ | Height: _____ |
| 4. _____ | Length: _____ | Width: _____ | Height: _____ |
| 5. _____ | Length: _____ | Width: _____ | Height: _____ |

Others, please specify \_\_\_\_\_

Cooling Capacity required: BTU/h \_\_\_\_\_

**Unit Advised:**

Window qty: \_\_\_\_\_ High Wall: \_\_\_\_\_

Convertible qty: \_\_\_\_\_ Ducted Split: \_\_\_\_\_

Cassette qty: \_\_\_\_\_ Free Standing: \_\_\_\_\_

Scaffolding Sets Required: \_\_\_\_\_

**What is construction of the structural ceiling.**

Plasterboard \_\_\_\_\_ Wooden Joints \_\_\_\_\_ Tin Roof \_\_\_\_\_ Concrete \_\_\_\_\_ Other \_\_\_\_\_

Others, please specify \_\_\_\_\_

**What is the wall construction?** Plasterboard \_\_\_\_\_ Brick \_\_\_\_\_ Stone \_\_\_\_\_ Breezeblock \_\_\_\_\_ Other \_\_\_\_\_

Others, please specify \_\_\_\_\_



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Specify other material required.

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### Material and quantity

AVS
Mini Trunking size:
PVC Trunking size:
Copper (mtrs):
Insulation tubes (pcs):
Cable (mtrs):
Bracket for:
Tick if required pipe kit (which comes with AC unit)    Yes:                      No:
Raw Bolts:
Bolts:
Nuts:
Wood screws:
Plugs:
Insulation tape:
Electrical tape:
Washers Flat:
Metal guard:
Metal clamps:
Drainage pipe:
Elbow:
Others material:
Remarks:

***Sign below to confirm that the details provided are correct and accurately reflect the client's requirements.***

Specify number of technicians required for the above work? \_\_\_\_\_

Specify number of days required for the above work? \_\_\_\_\_

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

Title: \_\_\_\_\_ Sign: \_\_\_\_\_