

# Appendix 8: Example Pro-forma Check Sheets

## Urgent issues proforma

Site Name:		Block Name:	
Site Address:		Block No:	
Post Code:		Surveyor Name:	
Site Reference No (SRN):		Survey Date:	

Any urgent issues of note regarding Health and Safety, Maintenance etc. which may affect the staff, patients or any others visiting or working in or around the property, or the Operational Capacity of the property, should be notified as a matter of urgency, quoting Site name and detailed location of problem.

NHS Board:

Contact Name:

Telephone No:

Email Address:

## Urgent Issues

	Date	Time	Surveyor
Urgent issues notified by telephone:			
Urgent issues notified by email:			

## Proforma check sheet for Survey Team Leader and Survey Co-ordinator

### Facet 1 – Physical condition: block summary

Site Name:		Block Name:		Surveyor Name:	
				Survey date:	
Site Address:		Block No:		Build Year:	
		Block Type:		Block Historic Listing:	
Post Code:		NHS Board:		Block Floor Area (GIA) m2	
Site Reference No (SRN):		Contact Name:		Cost Base Date:	Quarter I – 2020 (BCIS)
Site Type:		Contact Tel No:		Contact Email:	
BLOCK DESCRIPTION					
BLOCK FABRIC CONDITION GRADE	BLOCK FABRIC CONDITION EXECUTIVE SUMMARY				
BLOCK ENGINEERING SERVICES CONDITION GRADE	BLOCK ENGINEERING SERVICES EXECUTIVE SUMMARY				

## Team Leader checklist

Site Name:		Block Name:		Team Leader Name:	
				Survey date:	
Site Address:		Block No:		Build Year:	
		Block Type:		Block Historic Listing:	
Post Code:		NHS Board:		Block Floor Area (GIA) m2	
Site Reference No (SRN):		Contact Name:		Cost Base Date:	Quarter I – 2020 (BCIS)
Site Type:		Contact Tel No:		Contact Email:	

SITE RISK ASSESSMENT COMPLETED AND REVIEWED BY ALL SURVEY TEAM MEMBERS

ALL SURVEYS COMPLETE

ALL SURVEY SHEETS COMPLETE AND CHECKED

ALL RELEVANT ITEMS QUANTIFIED / COSTED

ALL RELEVANT ITEMS RISK ASSESSED

STATUTORY COMPLIANCE SHEET COMPLETED AND CHECKED

ENVIRONMENTAL MANAGEMENT SHEET COMPLETE AND CHECKED

ANY URGENT ISSUES REPORTED

BLOCK PHOTOGRAPH TAKEN

BLOCK PHOTOGRAPH REFERENCE NUMBER

ALL ELEVATION PHOTOGRAPHS TAKEN

SPECIFIC DEFECTS PHOTOGRAPHS TAKEN

## Survey Co-ordinator checklist

Site Name:		Block Name:		Team Leader Name:	
				Survey date:	
Site Address:		Block No:		Build Year:	
		Block Type:		Block Historic Listing:	
Post Code:		NHS Board:		Block Floor Area (GIA) m2	
Site Reference No (SRN):		Contact Name:		Cost Base Date:	Quarter I – 2020 (BCIS)
Site Type:		Contact Tel No:		Contact Email:	

SITE RISK ASSESSMENT COMPLETED AND REVIEWED BY ALL SURVEY TEAM MEMBERS

ALL SURVEYS COMPLETE

ALL SURVEY SHEETS COMPLETE AND CHECKED

ALL RELEVANT ITEMS QUANTIFIED / COSTED

ALL RELEVANT ITEMS RISK ASSESSED

STATUTORY COMPLIANCE SHEET COMPLETED AND CHECKED

ENVIRONMENTAL MANAGEMENT SHEET COMPLETE AND CHECKED

ANY URGENT ISSUES REPORTED

BLOCK PHOTOGRAPH TAKEN

BLOCK PHOTOGRAPH REFERENCE NUMBER

ALL ELEVATION PHOTOGRAPHS TAKEN

SPECIFIC DEFECTS PHOTOGRAPHS TAKEN

FACET 1 – ALL FABRIC DATA INPUT INTO SOFTWARE

FACET 1 – ALL ENGINEERING SERVICES DATA INPUT INTO SOFTWARE

FACET 1 – BLOCK SUMMARY SHEET COMPLETED

FACET 2 – STATUTORY COMPLIANCE DATA INPUT INTO SOFTWARE

FACET 3 – ENVIRONMENTAL MANAGEMENT DATA INPUT INTO SOFTWARE