



## **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:
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:
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:
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):
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:					

Date:

Time:

Survey conducted by:

## **Check out our full range of Plumbing Supplies**

Plumbing wastes / Plumbing traps

**Plumbing Consumables** 

**Plumbing Tools** 

**Toilet Fittings** 

Brassware

Valves

**Plumbing Fittings** 

