



Carhoo Technical Services

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SEI BER Registered Assessor Number : 100027

BER Technical Specifications Document

All documents, drawings, site plans and specifications, including the detail listed below supplied 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

Authorised signatory (Client)

Date: ___ / ___ / 20___