



# Carhoo Technical Services

Carhue, Clonakilty, West Cork, Ireland  
Telephone: 023-21690 ,087-2320998  
Web: www.rebelenergy.ie e-mail: info@rebelenergy.ie

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\_\_\_