



EBSNI

AIR TIGHTNESS TESTING AND ENERGY PERFORMANCE CERTIFICATES

FORM AB1

INFORMATION FOR AS-BUILT SAP/EPC CALCULATION

We require written confirmation of any changes in construction of the property, which deviate from the original plans. This is a requirement by our accreditation body and Government.

CLIENT:		Job No:	JL
Site No:		Postal No:	
Drawing No:		House Type:	
		Address	
		Postcode	
I/we confirm that the information referred to on this form and in these drawings is as built			
Client Signature		Date:	
Name & Organisation (Invoice details)			

WINDOWS			
If known, enter the manufacturer's name and U-Value:			
Manufacturers Name:		U value:	
			W/m ² K
A default U-Value will be used based on the following information:			
Frame Type:	<input type="checkbox"/> Wood	<input type="checkbox"/> PVC	<input type="checkbox"/> Metal
Glazing:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple
Air Gap:	<input type="checkbox"/> 6mm	<input type="checkbox"/> 12mm	<input type="checkbox"/> 16mm <input type="checkbox"/> 20mm Other: _____
Argon Filled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Low E Coating:	<input type="checkbox"/> None	<input type="checkbox"/> Hard 0.20	<input type="checkbox"/> Hard 0.15 <input type="checkbox"/> Soft 0.10 <input type="checkbox"/> Soft 0.05

EXTERNAL DOORS			
If known, enter the door manufacturer's name and U Value:			
Manufacturers Name:		U value:	
			W/m ² K
If unknown, a default U-Value will be used based on the following information:			
Type:	Wood <input type="checkbox"/>	PVC <input type="checkbox"/>	Metal <input type="checkbox"/> Solid <input type="checkbox"/> Glazed <input type="checkbox"/>
Glazing:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple
Air Gap:	<input type="checkbox"/> 6mm	<input type="checkbox"/> 12mm	<input type="checkbox"/> 16mm <input type="checkbox"/> 20mm Other: _____
Argon Filled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Low E Coating:	<input type="checkbox"/> None	<input type="checkbox"/> Hard 0.20	<input type="checkbox"/> Hard 0.15 <input type="checkbox"/> Soft 0.10 <input type="checkbox"/> Soft 0.05

ROOF LIGHT Wood <input type="checkbox"/> PVC <input type="checkbox"/>			
If known, enter the door manufacturer's name and U Value:			
Manufacturers Name:		U value:	W/m ² K

THERMAL BRIDGING (as shown on NI Building Control website)
<input type="checkbox"/> Accredited details are being used OR <input type="checkbox"/> Non-accredited details are being used

AIR TIGHTNESS TEST Result _____ m ³ /m ² per hour at 50q(Should you require an Airtightness Test please contact the office on 0289334560). Please forward copy of certificate with this form.
No airtightness test required: <input type="checkbox"/>

VENTILATION
Is there a mechanical ventilation system? Yes <input type="checkbox"/> No <input type="checkbox"/> (other than local extractor fans)
Type: <input type="checkbox"/> Whole house mechanical ventilation system <input type="checkbox"/> Whole house mechanical ventilation system with heat recovery <input type="checkbox"/> Mechanical extract ventilation system <input type="checkbox"/> Positive input ventilation from outside <input type="checkbox"/> Positive input ventilation from loft
Make & Model : _____
Manufacture SFP: _____ Duct Type flexible/rigid _____ Duct insulated: Yes: <input type="checkbox"/> No: <input type="checkbox"/>

LIGHTING LED – low energy light fitting – more than 40 lumens/circuit/Watt
Internal lights: Total no. of light fittings _____ No. of L.E.L. fittings _____
External lights (where applicable): are either of the following used:
Standard fittings with light & motion sensors or L.E.L. fittings used: <input type="checkbox"/> Yes <input type="checkbox"/> No

WALLS external/ dormer cheek, wall to roof voids – list all make ups
List all walls - make up & insulation thickness and manufacturer
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Example:</p> <p>Render</p> <p>Outside block 100</p> <p>Cavity space 40</p> <p>Insulation 60</p> <p>Inside block 100</p> <p>Plaster 12.5</p> </div>

Jog Log No:	
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ROOF: Horizontal ceiling/ sloping ceiling / Flat roof

List all Roof - make ups *including insulation manufacturer*

Example:
Slates
Membrane
Cavity 50mm
Insulation 100mm
Insulation 40mm
Plasterboard 12.5mm

HEAT LOSS FLOORS construction & Insulation details:-

List **all** floors - make up & insulation thickness and manufacturer
eg main floor, floor above garage/alleyway/archways

Example:
150 concrete
60 insulation
100 screed

PRIMARY HEATING SYSTEM: e.g. boiler

Manufacturer's name: _____

Model Name: _____ Efficiency %: _____

Type: - **condensing?** Yes No - **combi?** Yes No

Fuel: Oil Natural Gas Other, please state _____ if LPG please state

Is the water pumped? Yes No If yes:

Is pump in heated space: Yes No

Heating Controls:

- Programmer, room thermostat and TRVs
- Full time & temperature zone control (*can different zones or KW be controlled separately?*)
- Other: _____

Please tick if there is? Delayed start stat load or weather compensator

Is there underfloor heating? Yes No - if yes:-

Pipes in concrete pipes in wood

Jog Log No: _____

SECONDARY HEATING SYSTEM : (A secondary heating system is an alternative heat source in addition to the main heating system –eg. Stove, AGA or electric heater.

Open Fire or Stove _____ Other : _____

Manufacturer's name: _____

Model Name: _____

Description: _____

Efficiency %: _____ Hetas Approved _____

HOT WATER CYLINDER

Is there a hot water cylinder? Yes No If yes:

_____ volume (litres) - Is it in airing cupboard? Yes No

Insulation type: Foam Jacket - Insulation thickness _____mm

Cylinder stat? Yes No - are pipes from boiler to HW tank insulated Yes No

Independent Time Control _____ Stated heat loss per 24hrs _____

SOLAR PANELS (to heat water)

Panel area: _____m² Aperture / Gross (delete as appropriate) Orientation: _____

Panel Type: Evacuated tube flat plate glazed flat plate unglazed

Elevation: horizontal 30° 45° 60° vertical

Shading: heavy significant modest little/none

Solar storage volume: _____ electric pump: yes No

THERMAL STORE (a thermal store has been installed to store excess heat/energy for later use. Not to be mistaken with a conventional hot water storage cylinder)

None Integrated Hot water only

PHOTOVOLTAIC UNITS (to produce electricity)

Are there photovoltaic units? Yes No - if yes:

Solar Panel Area _____ gross/aperture

Panel Type: _____ flate plate/evacuated tube etc.

PV Cell peak power: _____KW

Orientation: _____

Elevation: horizontal 30° 45° 60° vertical

Shading: heavy significant modest little/none

Jog Log No: _____

ELECTRICITY TARIFF

Standard tariff off peak

ADDITIONAL INFORMATION

Please email this document to: stephen@ebsni.com or karen@ebsni.com or info@ebsni.com

Fax No: 028 9335 4605 Tel No: 028 9334 5600

EBSNI – Environmental Building Solutions NI, 108 Hillhead Road, Ballyclare BT39 9LN

PLEASE NOTE: any changes to the information provided after lodgement has been made will incur a fee of £25

Jog Log No: