Installer Name
Address
Contact Details

Client Name_____ Job Ref. _____

Address _____

Site Address _____

Names of Operatives				Installation Date		
Was a site survey performed?	Yes	No	Was the building approved for CWI?		Yes	No
Any special instructions originating from site survey?	Insert details here					
Approved Installer NSAI Number:			Agrément Cert Number:			

Pre-Installation Checks

Bead batch number			Bead flow rate		
Glue batch number			Glue flow rate		
Bead density					
Jet size			Nozzle size		
Temperature			Time of day test carried out		
Weighing scales type			Are tops of cavity walls sealed?	Yes	No
Are flow rates acceptable?	Yes	No	Was daily check on equipment performed?	Yes	No
Have pre-installation combustion appliance safety checks been completed? (Refer to Appendix H of NSAI Scheme document)				Yes	No

Installation Checks

Have chimneys been protected by inserting wire brush 200mm back from the flue where required?	Yes	No	n/a
Have wire brushes been inserted as per the requirements of site survey?	Yes	No	n/a
Do rooms containing combustion appliances have the appropriate area of **permanent** background ventilation (see Appendix L of the NSAI CWI Scheme document)?	Yes	No	n/a
Do habitable rooms have adequate background ventilation?	Yes	No	n/a
Have air vents on external walls been checked to ensure they are properly sleeved and clear of obstructions?	Yes	No	n/a
Has the meter box been checked to ensure there is no bead leakage that could result in contact between bead and electrical cables, and have electrical cables been sleeved as required?	Yes	No	n/a
Average cavity width measurements (Refer to Page 3) Insert Individual cavity measurements here (use another sheet of paper if necessary)	Calculated average		
Calculated volume of bead required (from measured average cavity width and area of cavity filled) Insulation Volume: (Wall area (m^2) * Average cavity width (m))	Calculated volume of bead required		
Actual volume (m^3) of bead pumped	Volume pumped		
If actual volume different to calculated volume, provide explanation			
Partial Fill: Has borescope inspection been carried out at all drill holes?	Yes	No	n/a
Have all holes been filled?		Yes	No

Have post-installation combustion appliance safety checks been completed and records kept? (Refer to Appendix H of NSAI Scheme document)	Yes	No

Confirmation of Completion of both Pre-Installation/Safety and Post Installation/Safety Check

Signed:_____Block Capitals:_____Date_____

Average Cavity Width Calculation

Measurement	Width (mm)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Average Width of Cavity Wall (Total mm ÷ 10)	

The average cavity width must be determined and recorded for all installations. The following procedure should be used.

- The cavity width must be measured through the holes drilled to install the bead.
- For each hole, measure the width of the cavity and outer leaf to the nearest 1mm. Measurements should be made by inserting a steel tape rule or similar zero ended rule until it touches the inner leaf or the face of the partial fill insulation. In each case determine the width of the cavity by deducting the thickness of the outer leaf.
- Measure the cavity width for each of ten holes for each 100mm^2 of cavity area. Ensure that the holes measured are evenly distributed over the total area of the wall.
- Calculate the average cavity width as the average of the individual measurements of cavity width. To ensure that the actual cavity width is near to the calculated average, the width must be checked with a boroscope at least 50 percent of the holes. Any distortion must be recorded.
    - Results shall be recorded on the installation check sheets.

Appendix H – Typical Technicians Safety Check Sheet

Technician's safety check sheet – Flues, chimneys and combustion air ventilators

This check sheet specifies the minimum checks, and actions that must be carried out during installation of CWI to buildings containing fuel-burning appliances.

It must be read in association with "Technician's guide to best practice – Flues, chimneys and combustion air ventilators" published by the Cavity Insulation Guarantee Agency.

Assessment, identify and record

• Fuel type(s)	Gas – Oil – Coal – Wood
• Appliance types(s)	Boiler – Gas Fire – Open Fire – Balance Flue
• Flue / chimney location(s)	Internal wall – External wall, front, side, rear
• Location of combustion air ventilator(s)	Front elevation – Side elevation – Rear elevation

			Comments
Pre-Installation			
• Appliance identified, flue / chimney routes, internal & external	Y	N	
• *Appliance run	Y	N	
• *View and note flame colour	Y	N	
• *Combustion gases checked externally	Y	N	
• *Appliance checked (smoke test / spillage test)	Y	N	
• *Smoke / spillage test satisfactory	Y	N	
• Combustion air supply adequate	Y	N	
Installation – **Visually Check**			
• Flue, chimney routes to avoid drilling into them	Y	N	
• Flue, chimney routes to avoid ingress of material	Y	N	
• Combustion air ventilator(s) unobstructed	Y	N	
Post Installation			
• *Appliance(s) run at maximum for a minimum of five minutes	Y	N	
• *Visual check that flame compares with pre-installation	Y	N	
• *Smoke test / spillage test satisfactory	Y	N	
• *If results were unclear, re-test after a further 10 minutes	Y	N	
• *Re-test satisfactory	Y	N	

***Only on appliances fitted to flues & chimney on external walls**

If there is any doubt or any question answered 'N' then -

1. Switch OFF appliance and
2. ADVISE occupant / owner to call out a competent body or person such as fuel supplier or maintenance contractor.

Installation address:

……,
……,
……,

Name of Technician: …… Signature: …… Date: ……/……/20……

Important:

- **It is the firm's responsibility to ensure that the Technician is trained to be able to discharge these responsibilities.**
- **Failure to carry out these safety checks could lead to the death of an occupant and prosecution of the Technician.**